



APPLICATION FORM

Skill Development programme on Pharmacovigilance

1. Full Name of the Candidate:
(In Capitals)

2. Date of Birth:
Day Month Year

3. Gender: (Write '1' for Male, '2' for Female)

4. Marital Status:

5. Father's/Husband's Name:

6. Mailing Address (in block letters):

.....

..... Pin Code:

Tel. No. : Mobile:

E.mail ID:

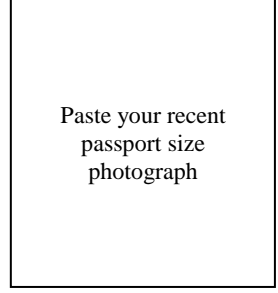
7. Nationality:

8. All Technical/Professional Qualification.

| Level | Exam passed/ Degree. | Division/Grade % of Marks | Year of Passing | Duration of the Degree/ Diploma | Board/ University | Subject | Subject of Specialisation |
|-------|-------------------------|------------------------------|--------------------|------------------------------------|-------------------|---------|------------------------------|
| | | | | | | | |

9. Brief professional experience:

| Office/Instt. Firm | Post held | Part time/ Contract Basis/ Ad-hoc/ regular/ Temp. | Exact dates to be given (indicate day, month & year) | | Total Period (in years) | | | Nature of duties |
|--------------------|-----------|--|--|----|-------------------------|--------|------|------------------|
| | | | From | To | Years | Months | Days | |
| | | | | | | | | |



10. Any other relevant information:

I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Commission, if I am declared by them to be guilty of any type of misconduct mentioned herein.

Date:

Signature of candidate

Place:

Registration Amount Payable:

- Professionals from Industry/Corporate Hospitals

| |
|-------------------|
| Rs. 10,000 |
|-------------------|
- Other Healthcare professionals

| |
|------------------|
| Rs. 5,000 |
|------------------|

Mode of Payment: Demand Draft No.
NEFT UTR No.
Date of Payment

Terms and Conditions

- ✓ Payment shall be made either by Demand Draft drawn in favour of “Pharmacovigilance Programme of India, IPC” payable at Rajnagar, Ghaziabad **or** NEFT to “Pharmacovigilance Programme of India, IPC, Bank of Baroda, Rajnagar, Ghaziabad, Bank Account Number: 21860200000853, Branch IFSC Code: BARB0RAJNAG (fifth character is zero), Type of Bank Account: Current, MICR Code of Bank: 110012076.
- ✓ Demand draft has to be send by post to “Secretary-cum-Scientific Director, Indian Pharmacopoeia Commission, Sector 23, Rajnagar, Ghaziabad, Uttar Pradesh, 201002, India”. Please mention “Application for the Skill development programme on Pharmacovigilance” on the top of envelope.
- ✓ Scanned copy of duly filled Application form must be send to: training.nccpvpi@gmail.com.
- ✓ Maximum 50 registrations will be accepted based on first come first serve basis.

Note: Payment has to be made at the time of application. Applications without fees will not be entertained.