

SCO-842,SF,NAC
Chandigarh, India
160101

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**PRAMISCURE
PHARMACEUTICALS**
PROMISE TO CURE

Application Form

Division _____ HQ _____

Position applied for _____

Expected CTC. _____ (In Lakhs)

Application with Pramiscure ☐ 1st Time ☐ Rejoining

Personal Information:-

Mr./Ms/Mrs.

First Name

Middle Name

Surname

Permanent Address _____

Correspondence Address _____

Bank Details

Bank Name _____

Account No. _____

Branch _____

IFSC Code _____

Present Accommodation

☐ Owned

☐ Rented

Date of Birth

Age

Height _____ Weight _____

Religion _____

Interview Detail

Interview	MD	GM	SM	ZSM	RSM
Selected					
On Hold					
Rejected					

Sex ☐ Male ☐ Female

Marital Status

☐ Married ☐ Unmarried

Posses a two Wheeler

☐ Yes ☐ NO

Model No.

Driving License. _____

Pan No. _____

Aadhar No. _____

Passport No. _____

Note:-Self attested copies of all testimonials.

Language Known

Sr No.	Language	Read	Write	Speaks
1				
2				
3				
4				

Family Background

Relation	Name	Date of Birth	Qualifications	Occupation
Father				
Mother				
Brothers				
Sisters				
Husband / Wife				
Children's				

Academic Background

Educational Qualification	Year of Passing	Percentage %	Major Subjects	Collage / University
X				
XII				
Graduation				
Post Graduation				
Diploma/Certificate				
Other				

Medical Declaration

Major Aliments	<input type="checkbox"/> Any other(please specify in detail)
<input type="checkbox"/> BP <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy Fit <input type="checkbox"/> Surgery <input type="checkbox"/> Allergy <input type="checkbox"/> Heart Problems Meet with an accident <input type="checkbox"/> Yes <input type="checkbox"/> NO	Hobbies:- Smoking <input type="checkbox"/> <input type="checkbox"/> Drinking <input type="checkbox"/> <input type="checkbox"/>

Your Knowledge for Pramiscure:-

Why do you Want to Join Pramiscure:-

Your last company details:-Company Name _____

EPFO account no. (If yes, detail please):- _____

	Reference (Non Relative)	Reference 2 (Non relative)
Name		
Address		
Mobile No.		

Strength(+ POSITIVE)	Aim of Life
	Hobbies
Weakness(-NEGATIVE)	Extra Curriculum Activities

Declaration:-

I, the undersigned, hereby declare that the information provided above are positive and complete in all respects. I understand that any misrepresentation or omission or information may be considered sufficient for withdrawal I am offer, my appointment either as a probationer or thereafter as a permanent employee will stand vitiated abolition or subsequent dismissal from employment.

Name of Signature

Date

Place

Document to be Attached (Compulsory with all original Xerox).

1. Previous Compulsory Appointment letter
2. Previous company resignation letter & Company resignation accepted letter
3. Aadhar Card
4. Pan Card/Driving License