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HIMACHAL PRADESH TAKNIKI SHIKSHA BOARD, DHARAMSHALA – 176215

APPLICATION FORM

ISSUANCE OF NO OBJECTION CERTIFICATE FOR . PHARMACY CANDIDATES

1. Name of Applicant :Boy/ Girl.....
2. Father's Name :
3. Roll No :
4. Name of Institution :
5. Particular of last Examination Passed from this Board :-
 - (i) Name of Course
 - (ii) Exam Session : Jun/ DecYear :
6. Hospital Training Completed at :
Name of the Hospital/ Organization :
(with complete address)
7. Fee of Rsremitted to the Secretary, Himachal Pradesh Takniki Shiksha Board, Dharamshala 176215 by :-
 - (i) Postal Order No Dated
 - (ii) Money Order Receipt No Dated
 - (iii) Board Receipt No Dated
 - (iv) Online UPI Txn ID NoDated
 - (v) Bank Draft NoDated.....
8. Permanent Address
..... Mob No
9. Documents Attached :-
 - (i) 1st & 2nd Year DMC (Photocopy) (Yes/No)
 - (ii) Provisional Cert issued by the concerned Institute (Photocopy) (Yes/No)
 - (iii) Hospital Training Certificate (Original) (Yes/No)

Dated :

Signature of the applicant

INSTRUCTIONS

All above mentioned particulars should be carefully filled in by the applicant. The Board will not be responsible for any delay in case the application is incomplete.