

DISTRICT HEALTH AND FAMILY WELAFRE OFFICE, D.K,Mangaluru

Application for the post of

Lab Technician

Pharmacist

I. Contact Information:

1. Full Name:
2. Address for Communication:
3. Contact Number :
4. E-mail Address(compulsory):



II. Personal Information:

1. Date of Birth (Attach Document):
2. Gender:
3. Religion:
4. Caste category (Attach Document) :
5. Kannada Medium Candidate : Yes No
(If Yes, Attach Document)
6. Rural Candidate : Yes No
(If Yes, Attach Document)
7. Physically Handicap : Yes No
(If Yes, Attach Document)

III. Educational Qualification:

1. _____ (Attach Marks Card and relevant Document)
2. _____ (Attach Marks Card and relevant Document)
3. _____ (Attach Marks Card and relevant Document)

IV. Attach Registration Certificates: (KSPC/ PMB)

I hereby declare that the above-mentioned information is correct to the best of my knowledge and belief.

Date:

Place:

Name & Signature of Applicants

*Last date for submission of application- 15/07/2026 Before 5-30pm.

For more information contact 0824-2423672