

App. Form Fee Rs.- 25/-

M.P. STATE PHARMACY COUNCIL BHOPAL

FORM "X"
(See Rule 107)

RULE 107(2) OF THE M.P. PHARMACY RULES 1978

Form of application for Renewal of Registraion

(Under Section 34 of the Pharmacy Act 1948)

To,

**The Registrar,
State Pharmacy Council Madhya Pradesh,
J.P. Hospital Campus Bhopal Pin- 462 003 .**

Sir,

I beg to state that my registration no. datedas a pharmacist will expire on date and that I hereby apply for the renewal of registration of the same for the yearunder the Pharmacy Act 1948 .

I enclose herewith my registration certificate in original which may be returned when done with

Particulars regarding my registration are given below :-

1. The amount of Rs. (Rupees by Cash/Bank Draft NoDate only) to cover the renewal fee, dated/...../..... in the name of the Registrar, M.P. Pharmacy Council Bhopal.
2. The required certificates for renewal of registration which I possess are enclosed herewith in original together with a true copy of each. The original may please be returned when done with .
3. In the event of my renewal of registration and in consideration thereof, I promise to be bound by the rules of registration & renewal already framed or to be framed hereafter from time to time by the Pharmacy Council of Madhya Pradesh .
4. I Undertake to Surrender my renewed registration Certificate on demand or on removal of my name from the register, or death on failing to get my registration certified renewed .

Your's Faithfully,

(Signature specimen)

Date.....

(Signature)

(For office use only)

Received renewal fee amount Rs. by Receipt No. & Receipt book no.. on Date/...../..... .

Accountant

**PARTICULARS AND INFORMATION TO BE FURNISHED BY THE APPLICANT
(To be filled by the applicant himself) in capital letters**

1. Applicant's name in full
2. Place, date, month and year of birth
3. Father's name (in full)
4. Full Postal residential address
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5. Full Postal Professional address
6. Nationality
7. Domicile : If the Indian Domicile has been acquired
recently state when and where it was acquired .
8. Description of Qualification which is required for renewal of registration.

Qual. with the years in which acquired (1)	Name of examining body which awarded (2)	College/School Hospital or concern where trained (3)	Training	
			Commenced on date (4)	ended on date (5)

9. Requirement for renewal of registration :- (All document attested)

- (1) 3 Photo Stamp Size
- (2) Court Fees Ticket Rs. 5
- (3) Diploma /Degree Marksheet & other certificate (Complete Years).
- (4) Xth & Xiith Marksheet.
- (5) Domicile Certificate.
- (6) Training Certificate.
- (7) Details of the Trainee Institution (Photo copy of Regn. & licence).....



10. (a) Date from which practising Madhya Pradesh
- (b) Whether employed in or attached to Government
- of State aided institution if so State its name,
- address and the date from which employed
11. Basic educational qualifications before joining the
training of Pharmacy.

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(Signature of the applicant)