

PUNJAB STATE PHARMACY COUNCIL
FORM G

FORM OF APPLICATION FOR REGISTRATION OF PHARMACY

(Under section 32 of the Pharmacy Act,1948)

Forming Rule 73

Photograph attested by Gazetted officer

To

The Registrar,
Punjab State Pharmacy Council

Sir,

1. I request that my name may be registered as a Pharmacist under the Pharmacy Act, 1948 and that I may be furnished with a certificate of registration.
2. The Necessary particulars are given on the reverse of this application.
3. I enclose herewith for your perusal and return the certificates in original and their copies for record in your office.
4. I hereby declare that I have read carefully and understood the instructions and particulars supplied to me and that all entries on the reverse of this application are true to the best of my knowledge and belief.
5. I agree that I will follow all the rules of the Punjab State Pharmacy Council which may be laid down for the guidance of the registered pharmacists from time to time.

INSTRUCTIONS:-

1. All particulars of the application must be filled in by the applicant in neat legible hand.
2. The names and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered at the University or other examination.
3. Registration fee of **Rs.3000/-** in case of **Fresh Registration** and **Rs.3500/-** in case of **Migration of Registration** is to be deposited in the Bank by getting a voucher from the office. Registration fee is not be refundable whether the application for registration is accepted or rejected.
4. Under the Pharmacy Act,1948 as it stands at present only persons who have passed the Matriculation, 10+2 examination and professional qualification or their equivalent examination are eligible for registration.

PARTICULARS:-

1. **Name in full** _____
2. **Father's Name** _____
3. **Place & Date of Birth** _____

(Birth certificate to be attached)

4. **Nationality**

5. **Permanent Residential Address** along with Phone No. and E-mail address

6. **Address of the Hospital/Dispensary** or other place **in which employed** at present

7. **Years of passing Matriculation Examination** or an Examination prescribed as being equivalent to Matriculation Examination (Kindly attach original certificate with a photocopy attested)

8. **Years of passing 10+2 Examination** or an Examination prescribed as being equivalent to 10+2 Examination. (Kindly attach original certificate with a photocopy attested)

9. **Description of Qualification as Pharmacist** (Kindly attach original certificate with attested copies of each)

10. Name of the **Examining body-Board/University**

11. Name of the institution under which **training undergone**

12. **Year of passing** the Examination

13. **Name of the institution/College** from which Degree/Diploma has been obtained

Dated

Signature