Application for Re-registration by Transfer

То				
The Registrar,			Latest	
A.P.Pharmacy Council,			Passport Size	
Nampally, Hyderabad.			Colour Photo	
Sir,				
No	red pharmacist in land	31/12/	r to Andhra Pradesh ned by said Pharmacy o re-register me as	
Date: / /		Yours faithfully,		
		(Signature of applicant) Address:		
Receipt No: Date: Amount:	FOR OFFICE USE ON Correspondence to Other State Councils 1.Sent Ref No: Date:	APPC Regr	n. No :By Post/ Person	
Ref No:		RL/Sign:		
	2. Reply Ref No: Date:	Date:		
Specime	en Signatures of the applicant	(within boxes	<u>'</u>)	
			7	

Particulars for 'application for Re-registration'

 Name of applicant with Surname (as in Diploma/Degree Certificate in Block letters) 	:	
2. Father's Name	:	
3. Date of Birth:	: Place of birth:	
4. Nationality	:	
Permanent Residential address (as per proof of residence in Block letters)	:	
	Pincode:	
6. i. S.S.C: year of passing ii. Intermediate: year of passing	: :	
 i. Education in Pharmacy ii. Year of passing iii. Period of course iv. College Name & Address 	: : : from to :	
v. Name of University	:	
8. Name of the Institution where Practical training is undertaken	:	
9. Mobile No:	: Email id:	
10. Details of employmenti. Designationii. Institution Nameiii. Address	: : :	

Non-refundable deposit form

(To be submitted along with application for Registration of D Pharm/B Pharm/Pharm D)

To

The Registrar,
Andhra Pradesh Pharmacy Council,
3rd Floor, 21st Century Complex,
Nampally, Hyderabad.

Sub: Payment of Non-refundable deposit for future renewal of my registration.

Ref: My Application for registration submitted today.

I pay an amount of Rs.300/- (Rupees Three Hundred only) and request you to please treat this amount as Non-refundable deposit for Renewal fees in order to avoid difficulties arising out of my inadvertent failure to pay the renewal fees every (5) years, in time.

I further request you that necessary part of the Annual interest occurred on my deposit be adjusted towards my renewal fees every (5) years and remaining amount if any be utilized by the Council.

If due to some reason this amount becomes inadequate to cover my renewal fees, I shall be to glad to remit such additional amount as you may decide.

In the event of cancellation of my registration or abolishing of NRD scheme, this deposit may be accepted as my donation to the Council.

I assure you that I will inform you my residential or professional address if there is any change.

Thanking you sir.

Yours faithfully,

Signature & Date