



PARTICULARS AND INFORMATIONS TO BE FILLED BY THE APPLICANT

(To be filled in by the applicant himself)

1. Applicant's Name in full (In Block Capital Letter)
2. Place, Date, Month and year of Birth
3. Father's Name (in full)
4. Full Postal (Permanent) Residential Address H. No. Mohalla
- P.O. P.S. District Uttar Pradesh
5. Full Postal (Temporary) Professional Address (Name of Firm/Institution)
- Uttar Pradesh
6. Nationality Religion Caste
7. Domicile if the Indian domicile has been acquired recently. State when and where it was acquired
8. If you are not an Indian National, does the country where you acquired your qualifications permit persons of Indian origin possessing qualifications of that country to enter and practice the profession of Pharmacy there, If so, quote section or rule under which this is permitted in that country
9. Description of qualifications for which registration is required :-

Qualification (with the Year in which acquired)	Name of Examining Body which awarded it	Name of College/Institution	COURSE OF STUDY	
			Commenced on date	Ended on date
1. High School Year				
2. Intermediate Year				
3. D. Pharma Year				
4. B. Pharma Year				
5. M. Pharma Year				

6. Registered in State Pharmacy council of
vide Regd. No. Date Under Section of the Pharmacy Act.

10. (a) Date from which practicing in Uttar Pradesh
- (b) Whether employed in or attached to Government or State aided institution, if so state its name address and the date from which employed

11. Basic qualification (Educational) before joining the training of Pharmacy

.....
Signature of the Applicant

Form 'G'

FORM OF APPLICATION FOR REGISTRATION AS A PHARMACISTS

[This modify Government Notification No. 8260(I) XVI(P.H.) 71-A-48 Dated January 22, 1951]

Under Section 32 of the Pharmacy Act.

(To be filled in by the applicant himself)

To,

The Registrar,
Uttar Pradesh Pharmacy Council,
Arif Ashiyana Building, Chowk, Lucknow

Dated

Sir,

1. I beg to request that My Name may be registered under the provisions of the Pharmacy Act, 1948 and I may be furnished with a certificate of Registration.
2. That information necessary for registration is specified on the back.
3. The Registration Fee of Rs. is deposited vide Cash Receipt No.
Dated or Bank Draft No. Dt. Issued by
4. The Diploma/Degree/Marksheet which I posses are enclosed herewith in original, together with a self attested copy of each. The original may please be returned after perusals.
5. In the event of my registration and in consideration thereof, I Promise to be bound by the rules regulation already framed here & after from time to time by the Pharmacy Council of Uttar Pradesh.
6. I undertake to surrender my registration certificate on demand or on the removal of my name from the register, or on failing to get my registration certificate renewed.

Your's faithfully

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

To,

Registrar,

Sir,

Mr./Ms.

Date of Birth has applied in this council for their Registration vide Money Receipt noted above on dated The applicant has passed D. Pharm/B. Pharm Examination from Medical College/Govt. Polytechnic/Pharmacy Institution in the year vide Roll No. The applicant has also completed the Apprentice training of 500 hours. He/She has shown all the required documents in original & self attested copy of the same are enclosed herewith. I have compared the result obtained from U.P. State Medical Faculty/U.P. Board of Technical Education. I have also compared the original with Photo copy and found correct. The confirmation letter No. dated has been received from the Principal/Regiestrar of the Institution which is enclosed herewith for perusals Submitted for your kind perusals and orders.

Approved

OFFICE ASSISTANT

REGISTRAR

Mr./Ms. S/o, D/o, W/o is being registered in this council under section 32(2) of the Pharmacy Act vide Registration No dated

REGISTRAR