

Application for Change of Residence Address

Registration No.: _____

From: _____

Date: _____

To,
The Registrar
Gujarat State Pharmacy Council
Old Nursing College Building, Block No. - 4/A, 3rd Floor,
Opp. Cancer Hospital, Gate No. - 6, Asarwa, Ahmedabad - 380016.

Sub.:- **Application for Change of Address**

Respected Sir,

I am a registered pharmacist of Gujarat State Pharmacy Council bearing Registration Certificate No. _____ and renewed upto _____. I am now applying for change of my address _____

_____ (Old Address) to

_____ (New Address) .

The required documents are (New Address) submitted as mentioned below:-

- 1). Self-attested copy of Registration Certificate
- 2). A self-attested copy of new address proof mentioning the name of the Pharmacist. (Valid Documents: Aadhar Card, Passport, Driving License, Election Card, Ration Card, Phone Bill OR Electricity Bill or other valid document)

I request you to change my address accordingly in council records.

Thanking you,

Yours faithfully,

(Pharmacist Signature)