

# **FORM "L"**

## **(Rule 89)**

Application for re-entry in the Register of Pharmacists if his name has been removed  
under section 34(2)

Registration No.: \_\_\_\_\_

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

Sir,

I the undersigned (a) \_\_\_\_\_  
holding the qualification of (b) \_\_\_\_\_ do  
solemnly and sincerely declare the following :-

My name was duly registered in the Register on (c) \_\_\_\_\_ in  
respect of following qualification viz (d) \_\_\_\_\_ and at  
the date of the removal of my name, I was registered in respect of the same qualifications and also  
in respect of the following additional qualifications namely (d1) \_\_\_\_\_

The registrar removed my name from the Register on (e) \_\_\_\_\_ for  
default in payment of renewal fee.

Since the removal of my name from the Register I have been residing at (f) \_\_\_\_\_  
\_\_\_\_\_ and my occupation has been (g) \_\_\_\_\_  
\_\_\_\_\_

It is my intention, if my name is restored in the Register, to (h) \_\_\_\_\_  
\_\_\_\_\_

declared at \_\_\_\_\_ on \_\_\_\_\_

Yours faithfully,

\_\_\_\_\_  
Signature

Witness(i)

Signature : \_\_\_\_\_

Full Name : \_\_\_\_\_

Address : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Witness Renewal Receipt Details:

Receipt No. : \_\_\_\_\_

Receipt Date : \_\_\_\_\_

Valid Upto : \_\_\_\_\_

(a) Insert full Name (b) Insert qualification (c) Insert date of Registration

(d) Insert qualification (d1) Insert additional qualification if any

(e) Insert date of removal (f) State address (g) Give particular

(h) Insert particulars as to proposed future profession (i) A registered Pharmacist