

FORM OF APPLICATION FOR REGITRSTION OF PHARM.D.

To,
The Registrar,
Gujarat State Pharmacy Council,
Block – O-4,
New Mental Hospital Complex,
Asarwa, Ahmedabad – 380016.

Sir,

1. Please find enclosed herewith the duly filled in application form for registration u/s 32(2) of the Pharmacy Act, 1948.
2. A fee of Rs. 500/- as required under State Pharmacy Council Rule is sent by Demand Draft or is paid by cash to the Registrar in person.
3. I hereby declare that I have carefully read and understood the instructions and particulars supplied to me and the information provided by me on the application form is true to the best of my knowledge and belief.
4. I hereby undertake to follow the rules/regulations/instructions of the Gujarat State Pharmacy Council as issued from time to time.

Yours faithfully,

Signature

Instruction

1. All particulars of the application must be filled in by the applicant in neat legible hand. Incomplete application will be rejected.
2. The name entered in the application must exactly correspond with the name of the applicant entered in the University or other examinations.
3. If the space for giving particulars is not found sufficient, a separate sheet may be attached to the application and Page No. of the attached sheet be indicated in the main body of Application Form.

APPLICATION FORM

1. Name of the Candidate :

(Capital words)

(Name)

(Surname)

(as in Degree certificate)

2. Father's Name :

(Capital words)

(Name)

(Surname)

3. Permanent address :

Pin code :

4. Contact Details :

STD :

Phone:

Mobile:

E-mail :

5. Place & Date of Birth :

Place :

D.O.B.:

6. Nationality :

7. If admission to Pharm.D is on the basis of 10+2 Science academic stream or D.Pharm qualification, please mention details of D.Pharm qualification –

- Name of Institution : _____

- Year of Admission : _____
- Year of Passing : _____
- Name of the Examining : _____
Authority _____

8. In case of Pharm.D. (Post Baccalaureate) please mention details of B.Pharm qualification.

- Name of Institution : _____

- Year of Admission : _____
- Year of Passing : _____
- Name of the Examining : _____
Authority _____

9. Description of Qualification :

Qualification	Session of admission	Institution • Name • Address • Tel.No. • E-mail	Hospital from where internship is done • Name • Address • Tel.No. • E-mail	Name of the Examining Authority	Year of passing
Pharm.D					
Pharm.D (Post Baccalaureate)					

10. Employment details (if applicable) :

Employer	Name	Address	Period	
			From	To
Present				
Previous				

11. Declarations :

1. I hereby declare that I have not so far registered my name in any other State Pharmacy Council in India. This is my first application made with required enclosures for registration in this State as a Pharmacist.
2. I hereby declare that prior to this application I had registered my name in the Gujarat State Pharmacy Council as detailed below from time to time.

Name of the State	Qualification	Regd. No.	Date	Duration	
				From	To
Ist Reg.					
Ist Re-Reg.					
IInd Re-Reg.					
IIIrd Re-Reg.					
IVth Re-Reg.					

3. I hereby declare that I desire to take up the practice of the profession of Pharmacy in the State of Gujarat by residing in this State. Hence this application is made for registration/re-registration in the Gujarat State Pharmacy Council.
4. I hereby declare that information given in the application form is true and I understand that my application is liable to be rejected summarily or the registration is liable to be cancelled forthwith, u/s 36 of the Pharmacy Act, 1948 if the above information is proved to be false in any particular, at any stage.
5. Any other information by the applicant.
Please strike whichever is not applicable.

Date :

Signature of Applicant