

Annexure-II

Registration Form
(Refresher Course for the Pharmacist)
Sponsored by :

GUJARAT STATE PHARMACY COUNCIL

Block No. 4/A, 3rd Floor, Old Nursing College Building,
Opp. Cancer Hospital, Gate No. – 6, Civil Hospital Campus, Asarva, Ahmedabad-380016

- ❖ Name : _____
- ❖ Date of Birth : _____ Age : _____
- ❖ Qualification: _____ Designation : _____
- ❖ Reg. No. : _____ Date of last Renewal _____
- ❖ Renew up to : _____
- ❖ Name and Address of present Institute / Organization :

- ❖ Address of communication :

- ❖ Contact No. : (M) _____ (O) _____
- ❖ E-mail Id : _____

Date:

Signature of the Applicant

❖ **Documents required :**

1. Copy of last renewal receipt
2. Copy of Registration Certificate