

FORM 'H'

RULE 75 (1)

APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATION

To

The Registrar,
Punjab State Pharmacy Council,
Medical Education Bhawan, Sec-69,
Mohali.

Sir,

I beg to apply for the registration of the additional qualifications of _____ which I have obtained from _____ in _____. The Certificates of the Qualifications are enclosed herewith. These may be returned as soon as done with.

I am already registered under the Pharmacy Act, 1948 and my Registration no. is _____.

The Prescribed fee of Rs. _____ is sent herewith.

Yours faithfully,

(Signature of the Applicant).

Correspondence

Address: _____

Phone No. _____

Dated:- _____

Registration No. _____