

# Application for Renewal of Registration

Rules 6 (2) of the Registration Rules

No. ....

Dated: .....

To,

**The Registrar,  
Uttarakhand Pharmacy Council,  
Directorate of Medical Health & Family Welfare,  
Room No. 57, Danda Lakhond, Sahastradhara Road,  
Dehradun.**



Sir,

I request to state that my registration as a pharmacist will expire on ....., I hereby apply for the renewal of the registration with requisite fee @ Rs. 100/- per year for Five Years, I enclose herewith my registration certificate in original which may be returned when done with.

**Fee Details: -**

**Form K fee:-**

UPINo./UTRNo./Ref.No.....Rs.....Dated.....

**Renewal Fee:-**

UPINo./UTRNo./Ref.No.....Rs.....Dated.....

**Renewal Card Fee (if lost of Renewal Card):-**

UPINo./UTRNo./Ref.No.....Rs.....Dated.....

Yours faithfully

(Signature of applicant)

Professional work Address.....

Name of Applicant .....

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Father's/Husband Name .....

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Address (As Per Registration) .....

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Registration No. ....

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Phone No. ....

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E-Mail: .....

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Aadhar No. ....