

**Form 'G'**

**FORM OF APPLICATION FOR REGISTRATION AS A PHARMACIST**

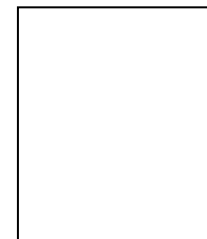
UNDER SECTION 32(2) OF THE PHARMACY ACT, 1948

No. ....

Dated .....

To,

The Registrar,  
Uttarakhand Pharmacy Council,  
Directorate of Medical Health & Family Welfare,  
Danda Lakhond, Sahastradhara Road, Dehradun



Sir,

1. I beg to request that my name may be registered under the Pharmacy Act, 1948 and I may be furnished with a certificate of Registration.
2. That information necessary for registration is specified on the back.
3. That registration Fee of Rs. .... is sent by Bank Draft Receipt No./Online UPI/UTR/Transaction I.D. .... Dated ..... drawn on Bank .....
4. The Diploma/Degree Mark sheet and/or registration certificate which I posses are enclosed here with in original, together with a self attested copy of each. The original may please be returned after perusal, accept the registration certificate.
5. In the event of my registration and in consideration thereof I promise to be bound by the rules regulations already framed here & after from time to time by Uttarakhand Pharmacy Council.
6. I undertake to surrender my registration certificate on demand or on the removal of my name from the register, or on failing to get my registration certificate renewed, of being found guilty of misconduct of submission of a wrong paper.
7. I am also enclosing four (4) recent passport size self attested photograph for office.

.....  
Signature of applicant

**FOR OFFICE USE ONLY**

To,

Registrar,

Sir,

Mr./Ms. .... Date of Birth..... has applied in this Council for their Registration vide Money Receipt noted above on dated ..... The applicant has passed D.Pharm/B.Pharm/M.Pharm/Pharm D. Examination from Medical College/Govt. Polytechnic Pharmacy institute ..... In the year ..... vide Roll No. .... The applicant has also completed the Apprentice training 500hrs. He/She has shown all the required documents in original & self attested copy of the same are enclosed here with. I have also compared the result obtained from U.K. Board of Technical Education & other Board & Universities. I have also compared the original with photocopy and found correct. The confirmation letter no. .... dated ..... has been received from the Principal/Registrar of the Institution, Board & University which is enclosed here with for perusals.

Submitted for your kind perusals and orders.

Approved...

Signature

Office Assistant

REGISTRAR

Mr./Ms. ....S/o, D/o, W/o ..... Is being registered in this Council under Section 32(2) of the Pharmacy Act vide Registration No. .... Dated .....

REGISTRAR

