Form 'G'

FORM OF APPLICATION FOR REGISTRATION AS A PHARMACIST

	UNDER SECTION 32(2) OF THE PHARMACY		
No		Dated	•••
To,			\neg
	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 Pharmac	y Act, 1948 and I may be furnished	l 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 Recei	ot No./Online UPI/UTR/Transaction	า I.D
	Dated drawn	on Bank	
4.	The Diploma/Degree Mark sheet and/or registration certificate whi	ch I posses are enclosed here w	ith ir
	original, together with a self attested copy of each. The original may	olease be returned after perusal, a	ccep
	the registration certificate.	•	
5.	In the event of my registration and in consideration thereof I promis	se to be bound by the rules regula	ıtions
	already framed here & after from time to time by Uttarakhand Pharma	•	
6.	•	•	n the
	register, or on failing to get my registration certificate renewed, or	•	
	submission of a wrong paper.	g gam,	
7	I am also enclosing four (4) recent passport size self attested photogram	anh for office	
		Signature of applica	
	FOR OFFICE USE ONLY	Signature of applica	<u>u ii.</u>
To,			
. 0,	Registrar,		
Sir,	rogotial,		
Oii,	Mr./Ms Date of Birth has applied i	o this Council for their Registration	vide
Money	Receipt noted above on dated The applicant has passed	· ·	
_			
	nation from Medical College/Govt. Polytechnic Pharmacy institu		•
	vide Roll No	-	
	own all the required documents in original & self attested copy of the s		
-	ared the result obtained from U.K. Board of Technical Education & d		
•	ared the original with photocopy and found correct. The confirmat		
	has been received from the Principal/Registrar of the Ir	istitution, Board & University whi	ch is
	ed here with for perusals.		
	tted for your kind perusals and orders.	Approved	
Signat	ure		
Office	Assistant	REGISTRAR	
Mr./Ms	sS/o, D/o, W/o Is	s being registered in this Council ι	ındeı
Section	n 32(2) of the Pharmacy Act vide Registration No Date	ed	

PARTICULARS AND INFORMATIONS TO BE FILLED BY THE APPLICANT

(TO BE FILLED BY THE APPLICANT HIMSELF)

1.	Applicant's Name in	Full (In Block Capital	Letter)						
2.	Date, Month and Year of Birth								
2	Fother's/Husband's Name (Full in Capital Letter)								
3.	Father's/Husband's Name (Full in Capital Letter)								
4.	Full (Parmanent) Pas	idential Address (In C	`anital Letter\		L	l l			
4.	Full (Permanent) Residential Address (In Capital Letter)								
5.	Full Temporary)/Professional Work Address							••••	
O.									
6.	National Religion Caste/Cate								
7.	Telephone/Mobile No	•				• ,			
8.	Domicile if the Indian								
			·				•		
9.	If you are not Indian	National, does coun	try where yo	u acquired	by qualific	ation permit	perso	ns of In	dian
	origin possessing qua			·	• •	•	•		
	quote section or rule		-	-	-		,	•	•
10.	Description for which			•					
S.No.	Qualification	Name of	Name of	College/In:	stitution	Commend	ced	Ended	on
	(with the year in	Examining Body				on Date/Y	ear (dated/Ye	ear
	(with the year in which acquired)	Examining Body which awarded				on Date/Y	ear (dated/Ye	ear
1	1					on Date/Y	ear (dated/Ye	ear
1	which acquired)					on Date/Y	ear (dated/Ye	ear
1 2	which acquired) High School					on Date/Y	'ear	dated/Ye	ear
	which acquired) High School Year					on Date/Y	ear (dated/Ye	ear
	which acquired) High School Year					on Date/Y	rear (dated/Ye	ear
2	which acquired) High School Year Intermediate Year					on Date/Y	'ear	dated/Ye	ear
2	which acquired) High School Year Intermediate Year D.Pharm					on Date/Y	'ear	dated/Ye	ear
3	which acquired) High School Year Intermediate Year D.Pharm Year					on Date/Y	'ear	dated/Ye	ear
3	which acquired) High School Year Intermediate Year D.Pharm Year B.Pharm					on Date/Y	'ear	dated/Ye	ear
3	which acquired) High School Year Intermediate Year D.Pharm Year B.Pharm Year					on Date/Y	'ear	dated/Ye	ear
3	which acquired) High School Year Intermediate Year D.Pharm Year B.Pharm Year M.Pharm					on Date/Y	'ear	dated/Ye	ear
3 4	which acquired) High School Year Intermediate Year D.Pharm Year B.Pharm Year M.Pharm Year					on Date/Y	'ear	dated/Ye	ear
3 4 5	which acquired) High School Year Intermediate Year D.Pharm Year B.Pharm Year M.Pharm Year Pharm D. Year	which awarded	of						
3 4	which acquired) High School Year Intermediate Year D.Pharm Year B.Pharm Year M.Pharm Year Pharm D. Year Registered in State	which awarded Pharmacy Council							vide
2 3 4 5 6	which acquired) High School Year Intermediate Year D.Pharm Year B.Pharm Year M.Pharm Year Pharm D. Year Registered in State Regd. No.	which awarded Pharmacy Councildate		Under	Section	of	the Pr	narmacy	vide Act.
3 4 5	which acquired) High School Year Intermediate Year D.Pharm Year M.Pharm Year Pharm D. Year Registered in State Regd. No	which awarded Pharmacy Council date	akhand	Under	Section	of	the Pr	narmacy	vide Act.
2 3 4 5 6	which acquired) High School Year Intermediate Year D.Pharm Year B.Pharm Year M.Pharm Year Pharm D. Year Registered in State Regd. No (a) Date from wh (b) Whether emp	Pharmacy Council date	akhandd to Governr	Under	Section	of mstitution, if	the Pr	narmacy ate is n	vide Act.
2 3 4 5 6	which acquired) High School Year Intermediate Year D.Pharm Year B.Pharm Year M.Pharm Year Pharm D. Year Registered in State Regd. No (a) Date from who is the seminate of the semi	which awarded Pharmacy Council date	akhandd to Governremployed	Under	Section	of	the Ph	narmacy ate is n	vide Act.
2 3 4 5 6	which acquired) High School Year Intermediate Year D.Pharm Year B.Pharm Year M.Pharm Year Pharm D. Year Registered in State Regd. No (a) Date from who is the seminate of the semi	Pharmacy Council date sich practicing in Uttar ployed in or attached the date from which e	akhandd to Governremployed	Under	Section	of	the Pr	narmacy ate is n	vide Act.

Signature of Applicant