

ROLL No. \_\_\_\_\_

# PUNJAB PHARMACY COUNCIL, LAHORE

Block No.7, LDA Flats, Huma Block, Allama Iqbal Town, Lahore. Ph. # 042-99260298

## ADMISSION FORM FOR EXAMINATION OF PHARMACY ASSISTANT (REGISTER-"B") Year of Examination \_\_\_\_\_



**Attested  
Photograph to  
be Pasted by  
the Applicant**

THE REGISTRAR  
PUNJAB PHARMACY COUNCIL  
LAHORE

Sir,

I request for the permission to appear in the examination of the Punjab pharmacy council as provided under section 29 of the pharmacy act 1976. I submit below the necessary particulars:-

1. Full Name \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_
4. Permanent Address (Capital Letter) \_\_\_\_\_  
\_\_\_\_\_
5. Postal Address (Capital Letter) \_\_\_\_\_  
\_\_\_\_\_
6. Mark of Identification \_\_\_\_\_ Phone No. \_\_\_\_\_
7. Pay Order No./Bank Draft No. \_\_\_\_\_ Date: \_\_\_\_\_
8. National Identity Card No. \_\_\_\_\_
9. Matric Certificate Roll No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Signature of Applicant**

**Fee in Cash  
Not Accepted**

English \_\_\_\_\_

Urdu \_\_\_\_\_

### (FOR COMPARTMENT – EXEMPTED CANDIDATES ONLY)

Appeared in \_\_\_\_\_ Examination held in the month \_\_\_\_\_ Year  
\_\_\_\_\_ Under Roll No. \_\_\_\_\_ and is eligible to re-appear  
in the Subject of \_\_\_\_\_ in next one/two chance according  
to result card.

### **For Office Use only**

Admission form has been received. Enrollment certificate, Apprenticeship or Dispenser certificate and other required documents have been checked admission Fee has also been received. May be admitted please.

Prepared by (Exam. Clerk) \_\_\_\_\_ Checked by (Assistant) \_\_\_\_\_

Cash Receipt No. \_\_\_\_\_ Accountant \_\_\_\_\_

I) The Examination Fee is **Rs. 4,000/-**. Incomplete Form shall not be accepted.

**ROLL NO. SLIP**

ROLL No. \_\_\_\_\_

Candidate will be admitted in the Examination Hall on production and delivery of this Roll Number Slip. Please bring your National Identity Card during Theory and Practical Examination.

**PUNJAB PHARMACY COUNCIL, LAHORE**

Admit Mr./Miss./Mrs. \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_

in the Examination being held on \_\_\_\_\_

at Center \_\_\_\_\_ at the \_\_\_\_\_

**Attested  
Photograph to  
be Pasted by  
the Applicant**

**MOBILE PHONE, BAG, BOOKS  
AND NOTES NOT ALLOWED IN  
THE EXAMINATION HALL.**

**REGISTRAR**  
Punjab Pharmacy Council

Signature of Candidate \_\_\_\_\_

**FOR RESULT INTIMATION**

Roll No. \_\_\_\_\_  
Name: \_\_\_\_\_ S/o \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**FOR ROLL No. SLIP**

Roll No. \_\_\_\_\_  
Name: \_\_\_\_\_ S/o \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ROLL NO. SLIP**

ROLL No. \_\_\_\_\_

Candidate will be admitted in the Examination Hall on production and delivery of this Roll Number Slip. Please bring your National Identity Card during Theory and Practical Examination.

**PUNJAB PHARMACY COUNCIL, LAHORE**

Admit Mr./Miss./Mrs. \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_

in the Examination being held on \_\_\_\_\_

at Center \_\_\_\_\_ at the \_\_\_\_\_

**Attested  
Photograph to  
be Pasted by  
the Applicant**

**MOBILE PHONE, BAG, BOOKS  
AND NOTES NOT ALLOWED IN  
THE EXAMINATION HALL.**

**REGISTRAR**  
Punjab Pharmacy Council

Signature of Candidate \_\_\_\_\_

Following documents must be submitted/attached with the application form:

1. Apprenticeship certificate as required under Pharmacy Act 1967, issued by a Hospital Pharmacist regular employee and notified by the Government of Punjab. (Not required for dispenser). Dispenser shall submit 4 attested photocopies of Dispenser Certificates.
2. Posting letter of Hospital Pharmacist (as a regular) who issued the apprentices letter.
3. Attested ID Card/Domicile & attested photographs 6 Nos.
4. Attested Photocopy of Matric Certificate. 4 Nos.
5. Attested specimen signature
6. Recent Character Certificate issued by Class-1 Officer (Original)
7. Attested Affidavit on Non-Judicial Paper of Rs. 20/- as prescribed
8. Bank Draft for Examination Fee in the name of Secretary, Punjab Pharmacy Council, Rs. 4000/-.
9. Bank Draft OR Challan Form for Verification fee deposited in the bank of Intermediate Board concerned.
10. Bank Demand Draft OR Challan fee for verification for Punjab Medical Faculty Rs. 1000/- (if dispenser).
11. Attach all documents in a hard and fine file cover

**Note: - The above mentioned documents are not needed for supplementary exam, only attach admission fee Rs.4000/- and Result Card.**

**APPRENTICESHIP CERTIFICATE**

Under Pharmacy Act, 1967

It is to certify that Mr./Miss. \_\_\_\_\_

S/D/o \_\_\_\_\_

Resident of \_\_\_\_\_

has taken as apprentice by the undersigned with effect from \_\_\_\_\_

for a period of two years as required under Pharmacy Act, 1967.

He is working at M/s \_\_\_\_\_

License No. \_\_\_\_\_.

Sr. No. \_\_\_\_\_

Date: \_\_\_\_\_

**Signatures**

Name \_\_\_\_\_

Address \_\_\_\_\_

Reg. Cert. No. \_\_\_\_\_

Renewal Valid Upto \_\_\_\_\_

## (نمونہ) بیان حلفی

میں کسی اسماة \_\_\_\_\_ والد \_\_\_\_\_

شناختی کارڈ نمبر \_\_\_\_\_ ایڈریس \_\_\_\_\_

اللہ تعالیٰ کو حاضر ناظر جان کر اقرار کرتا / کرتی ہوں کہ:

1- میں نے میٹرک سائنس مضامین اجزل سائنس کے ساتھ بورڈ آف انٹرمیڈیٹ اینڈ سیکنڈری ایجوکیشن \_\_\_\_\_ سے پاس کیا ہے اور مجھے یہ سند نمبر \_\_\_\_\_ ملی ہے۔

2- میں نے اس سے قبل بیگنری پبلک رجسٹریشن کے لیے کسی دوسرے صوبے میں درخواست نہیں دی ہے۔

3- میرے خلاف کسی قسم کا کوئی مقدمہ کسی عدالت میں زیر بحث نہیں اور نہ ہی میں کسی عدالت سے سزا یافتہ ہوں۔

4- میں نے اپرٹس سرٹیفکٹ اپنے ضلع سے حاصل کیا ہے جس کا سرٹیل نمبر \_\_\_\_\_ اور تاریخ \_\_\_\_\_ ہے۔ (نوٹ: شیٹ نمبر 4 ڈیپنر کے لیے نہیں ہے)

5- میں نے ڈیپنر کورس پنجاب میڈیکل ٹیکنالوجی سے پاس کیا ہے جس کا رجسٹریشن نمبر \_\_\_\_\_ ہے۔ (نوٹ: شیٹ نمبر 5 اپرٹس سرٹیفکٹ والوں کے لیے نہیں ہے)

6- میں اقرار کرتا ہوں جیتنے بھی کاغذات جمع کروانے ہیں وہ درست ہیں، ان میں کوئی غلط بیانی نہ ہے۔

7- میں اقرار کرتا ہوں جو تحریر لوپر لکھی گئی ہے وہ میرے علم و یقین کے مطابق بالکل صحیح اور درست ہے، اور کوئی امر خفی یا پوشیدہ نہ رکھا گیا ہے۔

دستخط \_\_\_\_\_

نام \_\_\_\_\_

پتہ: \_\_\_\_\_

مورثہ: \_\_\_\_\_