

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 (Supplementary)
(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 _____
Permanent Address _____

4. Postal Address _____

5. Mark of Identification _____ Phone No. _____
6. N.B.P Pay Order No./Bank Draft No. _____ Date: _____
7. National Identity Card No. _____
8. Matric Certificate Roll No. _____ E-Mail: _____

Signature of Applicant

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. 5,000/-**, after the expiry of due date double fee amounting to **Rs. 10,000/-** has to be remitted. Last Result Card must be attached.
- II) Incomplete Form shall not be accepted.

