PUNJAB PHARMACY COUNCIL, LAHORE

(Established under Pharmacy Act, 1967)

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



Attested
Photograph
to
be Pasted by
the Applicant

Application Form for Registration as PHARMACIST in Register-A

Ί.	Name (Block Letters)			
2.	Father's Name:			
3.	Permanent Address:			
4.	Postal Address:			
5.				
6.			Final Held in	
7.				
8.				
9.			lace of Birth	
10.				
11.	National Identity Card No		Nationality	
12.	e-mail address	_	_Phone No	
13.	Mark of Identification	_		
14.	The prescribed Fee of Rs		has been remitted by	Bank
	Draft No	_	Date	ed: _
			Or Receipt No	
			Dated:	
		Signa	ture of Applicant	
		Englis	h	
Б.		Urdu _		
Date	ad.			

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

- 1. **Six** (6) photographs (blue background & clear photo) Passport Size attested by Dean/Chairman/Professor of the Faculty concerned. (one photo from front side & 5 photos backside attested).
- 2. Two (2) colored photocopies of Degree attested by Dean/Chairman/Professor of the Faculty concerned.
- 3. Two (2) specimen Signature duly attested by Dean/Chairman/Professor of the Faculty concerned.
- 4. **Two** (2) Photocopies of National Identity Card, Passport (where applicable) attested by Dean/ Chairman/ Professor of the Faculty concerned.
- 5. **Two (2)** Photocopies of 1st, 2nd , 3rd, 4th and final year result Cards and Transcript attested by Dean/Chairman/Professor of the Faculty concerned.
- 6. Pay Order / Demand Draft of **Registration Fee** in the name of Secretary, Punjab Pharmacy Council of Rs. 5000/or Registration Fee may be submitted in the office of Punjab Pharmacy Council personally.
- 7. Fee for Degree verification as prescribed / required by the University Concerned.
- 8. Original Character Certificate from Dean/Chairman/Professor of the Faculty concerned.
- 9. Enrollment / Registration card of the candidate from the concerned university attested from Dean / Chairman / Professor of the Faculty concerned.
- 10. An affidavit attested from Oath Commissioner / Notary Public/ Magistrate 1st Class on Non–Judicial paper of Rs. 100/- indicating specimen overleaf.
- 11. Attested colored photocopies of Matric & FSc Certificate (Pre-Medical) or equivalent.

12.	NOC from Provincial Council in case of other province.		

<u>AFFIDAVIT</u> (For Registration as Pharmacist – Register -A)

I,			S/o		Cast	Resident
of		Tehsil		District_		do hereby solemnly affirm
and	declare as under:-					
1.	I passed B. Pha	armacy / Pharm -	-D / M.	Pharmacy 1	M. Phil.	Pharmacy Examination in the
	Year	Roll No		Session	to	(as per Enrollment /
	Registration No.	issued by Pharma	cy Counc	il of Pakist	an) from	the University My
	registration / enrol	lment No. in Univer	sity is	issue	date is	·
2.	That the University	ty	is	sued my B.	Pharmac	cy / Pharm-D Pharmacy Degree
	No	Dated			Which is g	genuine one.
2	That my National	Identify Cond No			ia canvi	ing and (for foreign students give
Э.	details of Passport	-			_is genui	ine one (for foreign students give
	details of 1 assport	<i>)</i> .				
4.					ny of the	Provincial Pharmacy Council in
	Pakistan, Neither I	have applied for the	e same else	where.		
5.	That I have never been convicted by any court of law for an offence involving moral Turpitude.					
6.	. That I undertake, shall never sublet my Registration to any sale outlet/pharmacy on rent basis unless I					t/pharmacy on rent basis unless I
	physically engaged as qualified person.					
7.	. That I have never been declared unsound mind by any court of law.					
8.	That in case of false information Punjab Pharmacy Council may take action against me as per law.					
9.	The statement above is true to the best of my knowledge and belief					
0.	9. The statement above is true to the best of my knowledge and belief.					
VE	DIEICATION				DEPON	ENT
-	RIFICATION fied on oath this		Day	of		_atThat the
		are true to the best of	•			
Kno	wledge and belief and	d nothing have been	concealed.			
					DEPON	ENT



Punjab Pharmacy Council, Lahore Specialized Health Care & Medical Education Department **Government of the Punjab**



(Established under Pharmacy Act, 1967)

et. No		Date:
Name of Applicant Address University		·
Subject:	t: DOCUMENTRY DEFFICIENCY IN YOUR APPLICATION FOR REGISTRAT PHARMACIST IN REGISTER-A	

found deficient / not as per format:

S#	Requirement as per Volume 1.1	Attached	Not Attached	As per format	Not as per format
1	Six (6) photographs (blue background & clear photo) Passport		Attached	Torride	Torritat
'	Size attested by Dean/Chairman/Professor of the Faculty				
	concerned. (one photo from front side & 5 photos backside				
	attested).				
2	Two (2) colored photocopies of Degree attested by				
	Dean/Chairman/Professor of the Faculty concerned.				
3	Two (2) specimen Signature duly attested by Dean/ Chairman				
	/Professor of the Faculty concerned.				
4	Two (2) Photocopies of National Identity Card, Passport (where				
	applicable) attested by Dean/ Chairman/ Professor of the Faculty				
	concerned.				
5	Two (2) Photocopies of 1 st , 2 nd , 3 rd , 4 th and final year result				
	Cards attested by Dean/Chairman/Professor of the Faculty				
	concerned.				
6	Two (2) Photocopies of Transcript attested by				
	Dean/Chairman/Professor of the Faculty concerned.				
7	Pay Order / Demand Draft of Registration Fee in the name of				
	Secretary, Punjab Pharmacy Council of Rs. 5000/- or				
	Registration Fee may be submitted in the office of Punjab				
	Pharmacy Council personally.				
8	Fee for Degree verification as prescribed / required by the				
	University Concerned.				
9	Original Character Certificate from Dean/Chairman/Professor of				
40	the Faculty concerned.				
10	Enrollment / Registration card of the candidate from the				
	concerned university attested from Dean / Chairman / Professor				
11	of the Faculty concerned.				
11	An affidavit attested from Oath Commissioner / Notary Public/ Magistrate 1 st Class on Non–Judicial paper of Rs. 100/-				
	indicating specimen overleaf.				
12	Attested colored photocopies of FSc Certificate (Pre-Medical) or				
12	equivalent.				
13	Attested colored photocopies of Matric or equivalent.				
14	NOC from Provincial Council in case of other province.				
14	1100 Hom From India Council in case of other province.				

*	✓ Tick the in the relevant box.
**	The candidate may proceed for Registration fee submission.
***	Fee as per Sr. No. 8 is the responsibility of applicant and less fee submission will delay the process of registration.
****	Candidate before submission of documents shall check all the documents the areas of objection usually are Session in the University, documents submitted are not as per format mention in Column 2 above.
****	The applicant is required to furnish deficient documents along with this letter at the earliest to proceed further.

Signature & Thumb	PPC Staff
(Candidate)	

Counter No. 3

Website: www.punjabpharmacycouncil.com Email: punjabpharmacycouncil@hotmail.com