

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 TECHNICIAN (2nd Year)** (DIPLOMA COURSE) Year of Examination _____



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

THE REGISTRAR
PUNJAB PHARMACY COUNCIL
LAHORE

Sir,
Request for permission to appear in the Examination of the Punjab Pharmacy Council for Registration under Section 25(b) of the Pharmacy Act, 1967. Necessary particulars:-

1. Full Name _____
2. Father's Name _____
3. Date of Birth _____ Religion _____
4. Must attach the following:-
i) Pass First Year Result Card ii). I.D. Card No. _____
5. Permanent Address _____

6. Name of Institution _____

7. Address (Institute) _____ Phone No. _____
8. E-Mail:- _____ Cell No. _____

**Fee in Cash
Accepted**

Signature of Applicant

English _____

Urdu _____

I verified the particulars mentioned in this form are correct.

Signature of Principal/Director of Institute with stamp _____

For Office Use only

Admission form has been received and 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. 6,000/-**, after the expiry of due date double fee amounting to **Rs. 12,000/-** has to be remitted.
- II) Incomplete Form shall not be accepted.

