

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 (Supplementary)** (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) Previous Result Card _____ ii) I.D. Card No. _____
5. Permanent Address _____

6. Name of Institution _____

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

Signature of Applicant

**Fee in Cash
Accepted**

English _____

Urdu _____

I verified the particulars mentioned in this form are correct.

Signature of Principal/Director of Institute with stamp _____

(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 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.

