

PUNJAB PHARMACY COUNCIL, LAHORE

(Established under Pharmacy Act, 1967)

Block No.7, LDA Flats, Huma Block, Allama Iqbal Town, Lahore. Ph. # 042-99260298-300

www.punjabpharmacycouncil.com



**Attested
Photograph to
be Pasted by
the Applicant
size 4½ x 5½ cm**

Application Form for Registration as Pharmacy Technician in Register-B

1. Name (Block Letters) _____
2. Father's Name: _____
3. Permanent Address: _____

4. Postal Address: _____

5. Qualification _____
6. Roll No. _____ Session _____ Held in _____
7. From the Institute _____
8. Date of Birth _____ Place of Birth _____
9. National Identity Card No. _____ Nationality _____
10. e-mail address. _____ Phone No. _____
11. Mark of Identification _____
12. The prescribed Fee of Rs. _____ has been remitted by
Bank Draft/Pay Order No. _____ Dated: _____
Receipt No. _____ Dated: _____

**Fee in Cash
Not Accepted**

Signature of Applicant

English _____

Urdu _____

Dated: _____

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

1. 6 Photographs (**size 4½ cm x 5½ cm**) attested by the Principal/Director of the Institute concerned.
2. 2 Photostat Copies of Diploma Certificate attested by the Principal/Director concerned.
3. 2 Specimen Signatures duly attested by the Principal/Director of the Institute concerned.
4. 2 Photocopies of National Identity Card attested by the Principal/Director.
5. 2 Photostat Copies of I and II Year Result Card attested by the Principal/Director concerned.
6. Affidavit as per specimen given overleaf on Non-Judicial paper of Rs. 50 duly attested by Oath Commissioner / Gazetted Officer.
7. Character Certificate.
8. Attested Photocopies of Matric and F.Sc, if any.
9. Pay Order/Bank Draft for Registration Fee in the name of Secretary, Punjab Pharmacy Council, Rs. 2000/-.
10. Bank Challan Form for verification fee for concerned board.
11. NOC from concerned Institute

AFFIDAVIT

I, _____ S/o _____

Caste _____ Resident of _____

Tehsil _____ District _____ do hereby

solemnly affirm and declare as under:-

1. I passed Diploma/Pharmacy Technician, Examination in the Year _____
Roll No. _____ from the Institute _____.
2. That the Institute _____ issued my Diploma Certificate vide
No. _____ which is genuine one.
3. That my National Identity Card No. _____.
4. That I have never been granted Registration Certificate by any of the Provincial Pharmacy
Council in Pakistan. Neither I have applied for the same elsewhere.
5. That I have never been convicted by any Court of Law for an offence involving Moral
Turpitude.
6. That I have never been declared unsound mind by any Court of Law.

That as stated above is true to the best of my knowledge and belief.

VERIFICATION

Verified on oath this _____

Day of _____ at _____

That the contents of this affidavit are true to the best of my
Knowledge and belief and nothing have been concealed.

DEPONENT

DEPONENT