

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**

To

The Secretary
Punjab Pharmacy Council, Lahore

Application Form for Registration as Pharmacy Assistant in Register-B

I hereby submit that I appeared in the examination of Pharmacy Assistant conducted by Punjab Pharmacy Council under section 29 of Pharmacy Act, 1967 amended in 1973 held in _____ under Roll No. _____ and was declare successful. I therefore, apply for Registration Pharmacy Assistant in Register-B of Punjab Pharmacy Council.

My particulars are as follows:-

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

4. Postal Address: _____

5. Enrollment Certificate No. _____
6. Date of Birth _____ Place of Birth _____
7. National Identity Card No. _____ Nationality _____
8. e-mail address. _____ Phone No. _____
9. Mark of Identification _____
10. The prescribed Fee of Rs. _____ has been remitted by
Bank Draft/Pay Order No. _____ Dated: _____
Receipt No. _____ Dated: _____

Signature of Applicant

Dated: _____

English _____

Urdu _____

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

1. **Four (4)** attested colored photocopies of Matric Certificate **or** Dispenser Certificate.
2. **Six (6)** Attested photographs Passport Size (blue background & clear photo) (one attest from front side & 5 attested back side attested photographs).
3. **One (1)** Photocopy of Result Card issued by Punjab Pharmacy Council.
4. **Two (2)** Photocopies of National Identity Card attested
5. **Three (3)** Attested Specimen Signatures.
6. Fee for Matric **or** equivalent certificate **or** Dispenser Certificate issued by Punjab Medical Faculty verification as prescribed / required by the Board concerned.
7. An affidavit attested from Oath Commissioner / Notary Public/ Magistrate 1st Class on Non-Judicial paper of Rs. 100/- indicating specimen overleaf.
8. Pay Order / Demand Draft **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.

AFFIDAVIT

I, _____ S/o _____

Caste _____ Resident of _____

Tehsil _____ District _____ do hereby

solemnly affirm and declare as under:-

1. I have passed Secondary School Certificate with Roll No. _____ year _____ certificate no. _____, is genuine.
2. I passed dispenser examination from Punjab Medical Faculty in which my Roll No. _____ passing year _____ certificate no. _____ is genuine.

OR

If the candidate applied through apprenticeship the Sr. no. 2 will be

3. I got apprenticeship certificate issued by _____ working as _____. My apprenticeship no. _____ dated _____.
4. I passed Pharmacy Assistant, Examination in the Year _____ Month _____ Roll No. _____ Enrollment No. is _____.
5. That my National Identity Card No. _____ is genuine.
6. 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.
7. That I have never been convicted by any Court of Law for an offence involving Moral Turpitude.
8. That I have never been declared unsound mind by any Court of Law.
9. That in case of false information Punjab Pharmacy Council may take action against me as per law.
10. 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



Punjab Pharmacy Council, Lahore
Specialized Health Care & Medical Education Department
Government of the Punjab
(Established under Pharmacy Act, 1967)



Ref. No. _____

Date: _____

To

Name of Applicant _____

Address _____

Subject: DOCUMENTRY DEFFICIENCY IN YOUR APPLICATION FOR REGISTRATION AS PHARMACY ASSISTANT IN REGISTER-B

Reference your application for Registration as **Pharmacy Assistant** in Register-B in Punjab Pharmacy Council, Lahore, on preliminary scrutiny of your application by the **One Window Cell** following documents were found deficient / not as per format:

S#	Requirement as per Volume 1.1	Attached	Not Attached	As per format	Not as per format
1	Four (4) attested colored photocopies of Matric Certificate or Dispenser Certificate.				
2	Six (6) Attested photographs Passport Size (blue background & clear photo) (one attest from front side & 5 attested back side attested photographs).				
3	One (1) Photocopy of Result Card issued by Punjab Pharmacy Council.				
4	Two (2) Photocopies of National Identity Card attested				
5	Three (3) Attested Specimen Signatures.				
6	Fee for Matric or equivalent certificate or Dispenser Certificate issued by Punjab Medical Faculty verification as prescribed / required by the Board concerned.				
7	An affidavit attested from Oath Commissioner / Notary Public/ Magistrate 1 st Class on Non-Judicial paper of Rs. 100/- indicating specimen overleaf.				
8	Pay Order / Demand Draft 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.				

*	✓	Tick the in the relevant box.
**		The candidate may proceed for Registration fee submission.
***		Fee as per Sr. No. 6 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 to avoid un-necessary delay
*****		The applicant is required to furnish deficient documents along with this letter at the earliest to proceed further.

Signature & Thumb
(Candidate)

PPC Staff
Counter No. 3