

# PHARMACY COUNCIL OF SINDH KARACHI

Price Rs. 10.00



To,  
The Secretary,  
Pharmacy Council of Sindh,  
Karachi.

Enclose Four Recent  
Passport Size  
Photograph  
Duly Attested.

Subject: Application For Renewal of Registration Certificate.

I hereby submit my application for renewal of registration in Register 'A' under section 24 and 25 of Pharmacy Act (as amended) 1967.

1. Name of Applicant .....
2. Father's Name .....
3. Certificate Registration Number .....
4. Nationality..... Domicile.....
5. Marks of identification .....
6. Permanent Address.....
7. Res. Address .....
8. Professional Address.....
9. Telephone Res.....Office.....Mobile .....
10. E-mail Address .....
11. The prescribed fee of Rs.....has been submitted by Demand Draft/Pay Order No..... dated..... (Enclose Demand Draft./Pay Order).
12. Documents attached with application.

1. Original Registration Certificate
2. Photocopy of B.Pharmacy / Pharm 'D' Degree
3. Copy of N.I.C
4. Four photographs (duly attested.)
5. All Documents Should be Attested by 17 Grade Officer.

I hereby declare that information given above is true to the best of my knowledge and belief.

PLACE.....

DATE.....

Signature of Applicant.

Note :-

1. Fee for renewal will be acceptable through Pay order/Demand Draft.
2. Cash Will not be acceptable.
3. Failure to fill any column will automatically be cause of rejection of application.

Specimen Signature.

Specimen Signature.

## PHARMACY COUNCIL OF SINDH KARACHI

### ACKNOWLEDGEMENT

Received application form of Mr/Mrs/Miss .....  
for renewal in Register A Category.

Dated .....

Secretary  
Pharmacy Council of Sindh Karachi.