

PUNJAB PHARMACY COUNCIL, LAHORE

(Established under Pharmacy Act, 1967)

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



**Attested
Photograph to
be Pasted by
the Applicant
size 4½ x 5cm**

Application Form for Registration as PHARMACIST in Register-A

1. Name (Block Letters) _____
2. Father's Name: _____
3. Permanent Address: _____
4. Postal Address: _____
5. Qualification (with year and division obtained) and Experience _____

6. Roll No. _____ Session _____ Final Held in _____
7. Name of College/Institution _____
8. Name of University _____
9. Date of Birth _____ Place of Birth _____
10. National Identity Card No. _____ Nationality _____
11. e-mail address. _____ Phone No. _____
12. Mark of Identification _____
13. The prescribed Fee of Rs. _____ has been remitted by Bank
Draft No. _____ Dated: _____

**Fee in Cash
Not Accepted**

Signature of Applicant

English _____

Urdu _____

Dated: _____

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

1. 4 photographs (blue background) (size 4½ x 5cm) attested by Dean/Chairman/Professor of the Faculty concerned.
2. 2 Photostat copies of Degree attested by Dean/Chairman/Professor or the Faculty concerned.
3. 2 specimen Signature duly attested by Dean/Chairman/Professor or the Faculty concerned.
4. 2 Photostat copies of National Identity Card attested by Dean/Chairman/Professor or the Faculty concerned.
5. 2 Photostat copies of I, II, IIIrd, IVth and final year result Cards and Transcript attested by Dean/Chairman/Professor or the Faculty concerned.
6. Bank Draft/Pay Order for Registration Fee Rs. 2000/- in the name of Secretary Punjab Pharmacy Council.
7. Fee for Degree verification as prescribed/required by the University Concerned.
8. Character Certificate from any Professor or the Faculty Concerned.
9. An affidavit attested from Oath Commissioner/Notary Public/Grade 18 Officer on Non Judicial paper of Rs.50/- indicating specimen overleaf.
10. Attested Photo copies of Matric & FSc certificate.
11. An NOC from Provincial Council incase of other province.

AFFIDAVIT

I, _____ S/o _____

Cast _____ Resident of _____

Tehsil _____ District _____ do hereby solemnly affirm and declare as under:-

1. I passed Pharm - D/M. Pharmacy M. Phill. Pharmacy Examination in the Year _____ Roll No. _____ from the university _____
2. That the University _____ issued my B. Pharmacy/Pharm-D Pharmacy Degree No. _____ Dated: _____ Which is genuine one.
3. That my National Identify Card No. _____ is genuine one.
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 undertake, shall never sublet my Registration to any sale outlet/pharmacy on rent basis unless I physically engaged as qualified person.
7. That I have never been declared unsound mind by any court of law.

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

DEPONENT

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