

Application form for Pharm.D

1. **Name of the Candidate** :

(Capital Words as in Degree Certificate)

(Name)

(Surname)

2. **Father's Name** :

(Capital Words)

(Name)

(Surname)

3. **Permanent Address** :

Pin Code: _____

4. **Contact Details** :

STD : _____ Phone: _____

Mobile : _____

Email : _____

5. **Place and Date of Birth** :

Place : _____

D.O.B : _____/_____/_____

6. **Nationality** :

7. **If admission to Pharm.D is on the basis of D.Pharm qualification, please mention details of D.Pharm qualification -**

- **Name of Institution** :

- **Year of admission** :

Year of passing :

- **Name of the Examining Authority:**

8. **In case of Pharm. D (Post Baccalaureate) please mention details of B. Pharm qualification.**

- **Name of Institution** :

- **Year of admission** :

Year of passing :

- **Name of the Examining Authority:**

9. **Description of qualification** :

Qualification	Session of Admission	Institution : Name : Address : Tel.No. : Email	Name of the Examining Authority	Year of Passing
Pharm.D				
Pharm.D (Post Baccalaureate)				

10. Employment details (if applicable) :

Employer	Name	Address	Period	
			From	To
*Present				
*Previous				

11. Declarations :

(i) I hereby declare that I have not so far registered my name in any other State Pharmacy Council in India. This is my first application made with required enclosures for registration in this state as a Pharmacist.

(ii) I hereby declare that prior to this application I have registered my name in the State/s as detailed below from time to time.

Name of the State	Qualification	Regd.No	Date	Duration	
				From	To
Ist Reg.					
*IInd Re-Reg.					
*IIIrd Re-Reg.					

(iii) I hereby declare that I desire to take up the practice of the Profession of Pharmacy in the state of Andhra Pradesh by residing in this State. Hence this application is made for registration/re-registration in the Andhra Pradesh State Pharmacy Council.

(iv) I hereby declare that information given in the application form is true and I understand that my application is liable to be cancelled forthwith u/s 36 of the Pharmacy Act, 1948 if the above information is proved to be false in any particular, at any stage.

(v) Any other information by the applicant.

Signature of Applicant :

Date :

* Please strike out whichever is not applicable.

Date:

To
The Registrar,
Andhra Pradesh Pharmacy Council,
2nd Floor, Chuttugunta, Guntur.

Sub: **Pharm.D certificate - Registration as a pharmacist u/s 32(2) of the Pharmacy Act, 1948 - Regarding.**

Sir/Madam,

Please find enclosed herewith the duly filled in application form for registration u/s 32 (2) of the Pharmacy Act, 1948 and *D.D. No. _____ dt. _____ drawn on "Registrar, AP Pharmacy Council", payable at "Hyderabad" or * payment by cash for Rs. _____ as registration fee. I hereby declare that I have carefully read and understood the instructions and particulars of A.P.Pharmacy Council, Hyderabad. The information provided by me in my application form is true to the best of my knowledge and belief. I hereby undertake to follow the rules/regulations/instructions of the Andhra Pradesh Pharmacy Council as issued from time to time.

* I am surrendering previous Registration certificate of my D.Pharm/B.Pharm.

Yours faithfully

Signature :

Encl: as per **checklist**

FOR OFFICE USE ONLY

Receipt No:	University Confirmation 1.Sent Ref No: Date:	APPC Regn. No
Date:		Date:
Amount:	2. Reply Ref No: Date:	Dispatch:By <input type="text"/> Post/ Person <input type="text"/>
Ref No:		RL/Sign: Date:

* Strike out if not applicable

Specimen Signatures of applicant (within box)

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Paste here Rs.3

Court Fee Stamps

Non-refundable deposit form

(To be submitted along with application for Registration of D Pharm/B Pharm/Pharm D)

To

The Registrar,

Andhra Pradesh Pharmacy Council,

2nd Floor, Chuttugunta, Guntur.

Sub: Payment of Non-refundable deposit for future renewal of my registration.

Ref: My Application for registration submitted today.

I pay an amount of Rs.300/- (Rupees Three Hundred only) and request you to please treat this amount as Non-refundable deposit for Renewal fees in order to avoid difficulties arising out of my inadvertent failure to pay the renewal fees every (5) years, in time.

I further request you that necessary part of the Annual interest occurred on my deposit be adjusted towards my renewal fees every (5) years and remaining amount if any be utilized by the Council.

If due to some reason this amount becomes inadequate to cover my renewal fees, I shall be to glad to remit such additional amount as you may decide.

In the event of cancellation of my registration or abolishing of NRD scheme, this deposit may be accepted as my donation to the Council.

I assure you that I will inform you my residential or professional address if there is any change.

Thanking you sir.

Yours faithfully,

Signature & Date