

**APPLICATION FOR ISSUE OF REVISED REGISTRATION CERTIFICATE**

Affix Court Fee  
Stamps for Rs.3/-

Latest  
Passport Size  
Colour Photo

To  
The Registrar,  
Andhra Pradesh Pharmacy  
Council, 2<sup>nd</sup> floor,  
Chuttugunta, Guntur.

Sir,

I Sri/Smt/Kum..... enclose herewith my  
Original Andhra Pradesh Pharmacy Council Registration Certificate in old format bearing  
Number..... duly filling the columns in the following form and request you to  
issue Revised Registration Certificate.

- 1. Name (Block Letters) :
- 2. Father's Name :
- 3. A.P.Pharmacy Council Registration Number :
- 4. Date of Birth :
- 5. Full postal Address with Pincode :

( as per document enclosed by you)

Encl: as per check list

Signature of Registered Pharmacist

Date:

**CERTIFICATE BY GAZETTED OFFICER**

I..... certify that the  
photograph affixed to this application above is of Sri /Smt /Kum.....  
.....

Signature with Date and Office  
seal of Gazetted officer

*Three Specimen Signatures of Registered Pharmacist*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_



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,  
2<sup>nd</sup> 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