

University :
College Name :
Hall tkt/Roll/Regn No:
S.No of College: (as per A.P.P.C. Web)

FORM G
(See Rule 77)
Form of Application for Registration of Pharmacists

To
The Registrar,
A.P.Pharmacy Council,
Chuttugunta, Guntur.

Latest Passport Size Colour Photo

Sir,

I request that my name be registered as a pharmacist under the Pharmacy Act, 1948 and that I may be furnished with a certificate of registration.

Necessary particulars are given on the reverse of this application.

I enclose herewith for your perusal and return the certificates in original and their copies for record in your office.

I hereby declare that I have read carefully and understood the instructions and particulars supplied to me and that all entries on the reverse of this application are true to the best of my knowledge and belief.

I agree that I will follow the rules of the Pharmacy Council which may be laid down for the guidance of the registered pharmacists from time to time.

Date: / /

Yours faithfully,

(Signature of
applicant) Address:

Encl: as per **checklist**

FOR OFFICE USE ONLY		
Receipt No:	University Confirmation	APPC Regn. No
Date:	1.Sent Ref No:	Date:
Amount:	Date:	Despatch: <input type="checkbox"/> By Post/ <input type="checkbox"/> Person
P.B.No :	2. Reply Ref No:	
Ref No:	Date:	RL/Sign:
		Date:

Specimen Signatures of the applicant (within boxes)

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Particulars for 'application for Registration'

1. Name of applicant with Surname :
(as in Diploma/Degree Certificate in Block letters)
2. Father's Name :
3. Date of Birth: : Place of birth:
4. Nationality :
5. Permanent Residential address :

(as per **proof of residence** in Block letters)
6. i. S.S.C: year of passing : Pincode:
ii. Intermediate: year of passing :
7. i. Education in Pharmacy :
ii. Year of passing :
iii. Period of course : from to
iv. College Name & Address :
- v. Name of University :
8. Name of the Institution where
Practical training is undertaken :
(For diploma holders only) : from: to:
9. Mobile No: : Email id:

(Signature of applicant)

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