

**Form of Application for Renewal of Pharmacist Registration
Under Rule 70(2).**

To,
The Registrar,
Gujarat State Pharmacy Council,
Ahmedabad.

A recent
passport size
photograph
fixed

Sir,

I furnish the following particulars and request that my pharmacy registration may be renewed for the year _____.

(1) Pharmacist Registration No. : _____

(2) Full Name :

(3) Residential Address :

Telephone (R) _____

(M) _____

Email Id : _____

(4) Employed / Self-employed :

(5) Designation & Address of present working :

(6) Date of Last renewal of Pharmacist Registration for the year _____ and
Receipt No. _____ (Xerox copy of the receipt is enclosed here-with.)

(7) Prescribed fees Rs. _____ paid by Cash / Cross D.D.
No. _____ dt. _____ issued on the name of "Gujarat
State Pharmacy Council, payable at Ahmedabad".

Date

Signature of Registered Pharmacist

(Please enclosed self addressed cover with 25 Rs. postage stamp, if applied by post.)

Please send Demand Draft of 'State Bank of India' only.

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