

Registration Form

Two Days Refresher Course for registered pharmacists

Sponsored by

Gujarat State Pharmacy Council, Ahmadabad

Organized by

Akshar-Preet Institute of Pharmacy, Jamnagar

On 20 & 21 February, 2016

Name :.....

Date of Birth :.....

Designation :.....

Qualification :.....

Pharmacist Reg. No. :.....

Date of last renewal :.....

Contact No :.....

Email :.....

Name & Address of present organization:

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Address of Communication:

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Registration Fee: Rs. 300/- to be Paid by Cash/DD number.....dated.....

Of bank.....

Note :

1. Send DD drawn in favor of Akshar-preet institute of pharmacy, payable at Jamnagar.
2. Attach a copy of your Registration certificate & renewal receipt of state pharmacy council.
3. Photocopy of the form can be used.

Date:

Signature of the Applicant