

4774

Fees Receipt No. -----

No.: -----

Dated -----

Amount -----



DELHI PHARMACY COUNCIL



DPC. REGD. PHARMACISTS WELFARE TRUST (Regd.)

GOVT. OF NCT. OF DELHI, ROOM NO 198, OLD SECRETARIAT, DELHI - 54 (PH. : 23890385)

APPLICATION FORM FOR ENROLLMENT AS MEMBER

(Applicable below the Age of 60 Years and benefit upto the age of 65 years)

Particulars of the Registered Pharmacists

1. Name of the Applicant :
(As appeared in the Regn. Certificate)
2. Father / Husband's Name :
3. Registration No. of
Delhi Pharmacy Council :
4. Sex : Male/ Female
5. Age in Years & Month :
Date of Birth :
6. Martial Status : Married / Single
7. Mailing Address :
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.....
8. Telephone :
Off: Res :
Mbl : Fax :
9. Office Address / Name of the Chemist
Shop / Dispensary / Clinic etc. :
.....
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