

Nº 013551

~~XXXXXXXXXX~~  
RS. TWENTY FIVE ONLY

FORM G RULE 66

To,  
The Registrar,  
State Pharmacy Council of Delhi

Sir,

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

2. Necessary particulars are given on the reverse of this application.

3. I enclose herewith for your persual and return the certificate in original and their copies for record in your office.

4. I hereby declare that I have read carefully and understand the instruction 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.

5. 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.

Yours faithfully

Address

Dated :-

INSTRUCTIONS

1. All particulars of the application must be filled in by the **applicant** in legible hand.
2. The name and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered at the University of other examination.
3. The registration fees may be paid through Bank draft of State Bank of India on the name of "Registrar Delhi Pharmacy Council".
4. The registration fee is not refundable