

Sl.No.

Price-25/-



DELHI PHARMACY COUNCIL

GOVT. OF NCT OF DELHI
ROOM NO. 198, Old Secretariat, Delhi-54

**APPLICATION FORM FOR RENEWAL OF
REGISTRATION OF PHARMACIST**

(UNDER SECTION 34(2) OF THE PHARMACY ACT 1948 &
UNDER DELHI PHARMACY RULES 67 (1,2,3) & RULE 76)

RENEWAL FROM 01.01.2009 to 31.12.2013

Photo to
be pasted

Date_____

To

The Registrar
Delhi Pharmacy Council
Room No. 198, Old Secretariat
Delhi- 110054

Sub:- **Renewal of Registration Certificate No.** _____ **Dated** _____

Name _____ S/o D/o _____ Qualification _____

Sir,

I am already registered with your council under the Pharmacy Act, 1948 and my Registration No. is stated above. **Kindly renew my registration for further period of five years (FROM 01.01.2009 TO 31.12.2013)**

I am enclosing herewith the following documents as required by you.

1. Renewal fees as bank draft/Banker's cheque of Rs. 550/- of **SBI** in favour of **"Registrar Delhi Pharmacy Council"** bearing No. _____ Dated _____ of _____ Bank
2. Two passport size photographs
3. Original certificate of registration of this council
4. Photocopy of the said registration certificate duly attested.
5. Original Identity Card issued from this council
6. Proof of residence in case of change of address
(Voter Identity Card / Ration Card / Electricity Bill / Telephone Bill
Passport, Driving Licence.)

Thanking You

Yours faithfully

(Signature of the Applicant)

Professional Address _____

Name _____

Residential Address _____

Phone Nos. (M) _____

Phone Nos. (R) _____

FOR OFFICE USE ONLY

Renewal Fees Received Vide Receipt No. _____ **Dated** _____ **of Rs.** _____

Against Registration No. _____ **Dated** _____ **Renewed upto** 31.12.2013

(Signature of Clerk)

Please issue the renewed Certificate and the I.Card to the Candidate as mentioned above.

(S.L.NASA)
REGISTRAR

Entered in Register No. R _____ /Page _____

Signature of the Clerk