PUNJAB PHARMACY COUNCIL, LAHORE

(Established under Pharmacy Act, 1967)

Block No.7, LDA Flats, Huma Block, Allama Iqbal Town, Lahore. Ph. # 042-99260298-300

www.punjabpharmacycouncil.com



Attested
Photograph
to be Pasted
by the
Applicant

Application Form for Registration as Pharmacy Technician in Register-B

1.	Name (Block Letters)					
2.	Father's Name:					
3.	Permanent Address:					
4.						
5.	Qualification					
6.	Roll No	_Session	Held in			
7.	From the Institute					
8.	Date of Birth	Place of Birth				
9.	National Identity Card No		Nationality			
10.	.e-mail address	Phone No				
11.	.Mark of Identification					
			has been remitted by			
	Bank Draft/Pay Order No		Dated:			
	Receipt No	Dated:				
		Signature of Applicant				
ted: _			= P - 1			
		English				
		Į	Jrdu			

Following documents must be submitted/attached with the application form:

- 1. **Six (6)** Photographs Passport Size (blue background & clear photo) attested by the Principal/Director of the Institute concerned. (one photo front side & 5 from back side attested photographs).
- 2. Two (2) Colored photocopies of Diploma Certificate attested by the Principal / Director / Head of the Institute concerned.
- 3. Two (2) Specimen Signatures duly attested by the Principal / Director / Head of the Institute concerned.
- **4. Two (2)** Photocopies of National Identity Card attested by the Principal / Director / Head of the Institute concerned.
- 5. One (1) Photocopy of 1st and 2nd Year Result Card attested by the Principal / Director / Head of the Institute concerned.
- **6.** Affidavit as per specimen given overleaf on Judicial paper of Rs. 100 duly attested by Oath Commissioner / Notary Public /Magistrate 1st Class.
- 7. Original Character Certificate by the Principal / Director / Head of the Institute concerned.
- **8.** Admission letter / Enrollment card of the candidate attested by the Principal / Director / Head of the Institute concerned.
- 9. Four (4) attested colored photocopies of Matric or equivalent certificates.
- **10.** Pay Order / Demand Draft of **Registration Fee** in the name of Secretary, Punjab Pharmacy Council of Rs. 2000/- or Registration Fee may be submitted in the office of Punjab Pharmacy Council personally.
- **11.** Fee for Matric or equivalent certificate verification as prescribed / required by the Board concerned.
- **12.** NOC from concerned Institute.

AFFIDAVIT

Caste	Resident of						
Tehsil	District	do hereby					
solemnly affirm	and declare as under:-						
	Diploma/Pharmacy Technician, Exami Session						
•	is My Diploma	Certificate No. is					
2. That		issued my					
Diploma	Certificate vide No which	ch is genuine one.					
3. That my N	ational Identity Card No	is genuine.					
	e never been granted Registration Certif y Council in Pakistan. Neither, I have ap						
5. That I hav	ve never been convicted by any Court o	of Law for an offence involving Mora					
6. That I hav	e never been declared unsound mind by	any Court of Law.					
7. That in car per law	se of false information Punjab Pharmacy	Council may take action against me					
8. That as sta	ted above is true to the best of my knowledge	and belief.					
RIFICATION		DEPONENT					
-							
rified on oath this	S						

Knowledge and belief and nothing have been concealed.

DEPONENT



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Punjab Pharmacy Council, Lahore Specialized Health Care & Medical Education Department Government of the Punjab



(Established under Pharmacy Act, 1967)

	Ref. No		Date:			
	То					
	Name of Applicant					
	Address					
						
	College					
	Subject: DOCUMENTRY DEFFICIENCY IN YOUR			EGISTRAT	ION AS	
	PHARMACY TECHNICIAN	IN REGISTE	ER-B			
	Reference your application for Registration as Pharmac	v Technicia	n in Registe	er-B in Pur	niah Pharr	macv
	Council, Lahore, on preliminary scrutiny of your application					
	were found deficient / not as per format:					
S#	Requirement as per Volume 1.1	Attached	Not	As per	Not as	per
	Circ (C) Dhata was he Danas at Circ (blue head, was and Color		Attached	format	format	
1	Six (6) Photographs Passport Size (blue background & clear photo) attested by the Principal/Director of the Institute					
	concerned. (one photo front side & 5 from back side attested					
	photographs).					
	Two (2) Colored photocopies of Diploma Certificate attested					
	by the Principal / Director / Head of the Institute concerned.					
3	Two (2) Specimen Signatures duly attested by the Principal /					
	Director / Head of the Institute concerned.					
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	/Magistrate 1st Class.					
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9	Four (4) attested colored photocopies of Matric or equivalent					
	certificates.					
10	Pay Order / Demand Draft of Registration Fee in the name					
	of Secretary, Punjab Pharmacy Council of Rs. 2000/- or					
	Registration Fee may be submitted in the office of Punjab Pharmacy Council personally.					
11	Fee for Matric or equivalent certificate verification as					
• •	prescribed / required by the Board concerned.					
12	NOC from concerned Institute.					
**	✓ Tick the in the relevant box.	•				
***	The candidate may proceed for Registration fee submiss Fee as per Sr. No. 11 is the responsibility of applicant a		cubmiccion	will dolar	, the proc	2000
	of registration.	iiu iess iee	Subillissioi	i wiii ueia	y the proc	, c 33
****	Candidate before submission of documents shall che	ck all the o	documents	the areas	of object	tion
	usually are Session in the College & documents submitt	ed are not a	as per form	at mentior	in Colun	nn 2
****	above.			44 44		
	The applicant is required to furnish deficient docume proceed further.	ents along	with this id	etter at tr	ne earlies	st to
	proceed futules.					
Sia	nature & Thumb		PPC St	aff		
(Candidate)			Counte			

Website: www.punjabpharmacycouncil.com Email: punjabpharmacycouncil@hotmail.com