

ROLL No. \_\_\_\_\_

# PUNJAB PHARMACY COUNCIL, LAHORE

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

## ADMISSION FORM FOR EXAMINATION OF **PHARMACY TECHNICIAN (Supplementary)** (DIPLOMA COURSE) Year of Examination \_\_\_\_\_



**Attested  
Photograph to  
be Pasted by  
the Applicant**

THE REGISTRAR  
PUNJAB PHARMACY COUNCIL  
LAHORE

Sir,

Request for permission to appear in the Examination of the Punjab Pharmacy Council for Registration under Section 25(b) of the Pharmacy Act, 1967. Necessary particulars:-

1. Full Name \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_
4. Must attach the following:-
  - i) Previous Result Card
  - ii) I.D. Card No. \_\_\_\_\_
5. Permanent Address \_\_\_\_\_  
\_\_\_\_\_
6. Name of Institution \_\_\_\_\_  
\_\_\_\_\_
7. Address (Institute) \_\_\_\_\_ Phone No. \_\_\_\_\_
8. E-Mail:- \_\_\_\_\_ Cell No. \_\_\_\_\_

**Signature of Applicant**

**Fee in Cash  
Accepted**

English \_\_\_\_\_

Urdu \_\_\_\_\_

I verified the particulars mentioned in this form are correct.

Signature of Principal/Director of Institute with stamp \_\_\_\_\_

### (FOR COMPARTMENT – EXEMPTED CANDIDATES ONLY)

Appeared in \_\_\_\_\_ Examination held in the month \_\_\_\_\_ Year \_\_\_\_\_  
Under Roll No. \_\_\_\_\_ and is eligible to re-appear in the  
Subject of \_\_\_\_\_ in next one/two chance according to  
result card.

### ***For Office Use only***

Admission form has been received and required documents have been checked

Admission Fee has also been received. May be admitted please.

Prepared by (Exam. Clerk) \_\_\_\_\_ Checked by (Assistant) \_\_\_\_\_

Cash Receipt No. \_\_\_\_\_ Accountant \_\_\_\_\_

- I) The Examination Fee is **Rs. 4,500/-**, after the expiry of due date double fee amounting to **Rs. 9,000/-** has to be remitted.
- II) Incomplete Form shall not be accepted.

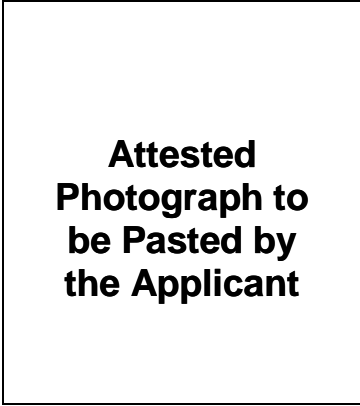
**ROLL NO. SLIP**

ROLL No. \_\_\_\_\_

Candidate will be admitted in the Examination Hall on production and delivery of this Roll Number Slip. Please bring your National Identity Card during Theory and Practical Examination.

**PUNJAB PHARMACY COUNCIL, LAHORE**

Admit Mr./Miss./Mrs. \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_  
in the Examination being held on \_\_\_\_\_  
at Center \_\_\_\_\_ at the \_\_\_\_\_



**MOBILE PHONE, BAG, BOOKS  
AND NOTES NOT ALLOWED IN  
THE EXAMINATION HALL.**

Signature of Candidate \_\_\_\_\_

**REGISTRAR**  
Punjab Pharmacy Council

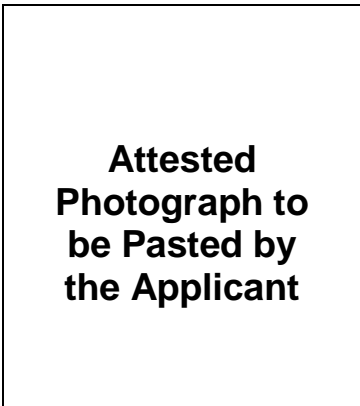
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Signature of Candidate \_\_\_\_\_

**REGISTRAR**  
Punjab Pharmacy Council