

Registration Form

(Refresher Course for the Pharmacist)

Sponsored by:

GUJARAT STATE PHARMACY COUNCIL

Block No. 4/A, 3rd Floor, Old Nursing College Building,

Opp. Cancer Hospital, Gate No. - 6, Civil Hospital Campus, Asarva, Ahmedabad-380016

Date: 15th July and 16th July 2017

❖ Name: _____

❖ Date of Birth: _____ Age: _____

❖ Qualification: _____ Designation : _____

❖ E-Mail Address: _____

❖ Reg. No. : _____ Date of last renewal: _____

❖ Name and Address of present Institute / Organization:

Address of communication:

Contact No..(M) :

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Contact No..(O) :

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Date:

Signature of the Applicant

Enclosure :(1)Registration Certificate

(2) Receipt of latest renewal

(3) Kindly send registration fees **Rs.300=00 cash or D.D.**

In favour of "PRINCIPAL INDUKAKA IPCOWALA COLLEGE OF PHARMACY, PAYABLE AT
VALLABH VIDYANAGAR, ANAND"