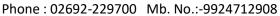


## CHARUTAR VIDYA MANDAL'S INDUKAKA IPCOWALA COLLEGE OF PHARMACY

Approved by AICTE & PCI, New Delhi.







## **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: 7<sup>th</sup> July and 8<sup>th</sup> July 2018

<b>*</b>	Name:	
*	Date of Birth:	Age:
*	Qualification:	Designation :
<b>*</b>	E-Mail Address:	
		Date of last renewal:
*	Name and Address of present Institute / Organization:	
٩d٥	dress of communication:	
Cor	ntact No(M) :	
Cor	ntact No(O) :	

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"