



Registration Form

(07-08th April 2018)
(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

- ❖ Name : _____
- ❖ Date of Birth : _____ Age : _____
- ❖ Qualification: _____ Designation : _____
- ❖ Reg. No. : _____ Date of last Renewal _____
- ❖ Name and Address of present Institute / Organization :

- ❖ Address of communication : _____

- ❖ Contact No. : (M) _____ (O) _____
- ❖ Email Id: _____
- ❖ **Details of Registration:**

Registration fees: 300 Rs

RUPEES.....IN WORDS.....
BANK.....Cheque/D.D.NO:.....DATE.....

Kindly send DD/Cheque in favour of “SHREE DHANVANTARY PHARMACY COLLEGE FUND”

Date:

Signature of the Applicant

Enclosures:

- (1) Photo copy of Original State Pharmacy Council Registration Certificate with self attested
- (2) Photocopy of renewal receipt of registration with self attested

Programme Co-ordinator:

Dr. Manish Goyani

Mobile no: 9913166201