

APPLICATION FOR REGISTRATION AS A PHARMACIST  
UNDER SECTION 32(2), PHARMACY ACT, 1948

1. Name: \_\_\_\_\_

2. Father's/Husband's Name: \_\_\_\_\_

3. Date of Birth: \_\_/\_\_/\_\_\_\_ (Attach HSLC/Matric Certificate)

4. Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

5. Permanent Address: \_\_\_\_\_

6. Present Address: \_\_\_\_\_

7. Educational Qualifications:

- D.Pharm / B.Pharm / Pharm.D – Institution, University, Year, Marks

8. Pharmacy Council Enrolment No. (if previously registered):

9. Detailed List of Attachments:

- Photo (Passport size)
- Identity proof & address proof
- Degree/Diploma certificate + mark sheets
- Internship certificate (if applicable)
- Registration fee payment receipt

10. Declaration:

“I certify that the above information is true and correct to the best of my knowledge. I understand that if any information is found false, my registration may be cancelled as per Section 36 of the Pharmacy Act, 1948.”

11. Date: \_\_\_\_\_ Signature: \_\_\_\_\_