

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**

❖ 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"