Application for Renewal of Registration

Date: / /

To
The Registrar,
AP Pharmacy Council,
Nampally, Hyderabad.

Latest
Passport Size
Colour Photo

Sir,

Sub: Application for **renewal of registration** u/r 78(2) of APPC Rules 1955-Reg

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I am …… S/D/O ……. a Registered Pharmacist bearing RP No……../…… valid up to 31.12. .

I am working in M/s……. place…… District…… as……

I am submitting relevant documents in this regard. Kindly renew my registration at an early date.

Thanking you sir.

Yours faithfully,

(Signature of the applicant)

Encl:

1. Original + Copy of Registration Certificate
2. Latest address proof(Aadhar card,Election ID etc..)
3. Employment proof(DL copy, ID proof etc..)
4. School final certificate(SSC,SSLC,Matriculation etc..)
5. Latest two colour photographs.
6. Affidavit-A

Additional information for Renewal

1. **Name in full :…….**
2. **Father's Name :…….**
3. **Place and Date of Birth:……**
4. **Nationality :…….**
5. **Present Residential Address:……..**
   (as per document enclosed by you)

   ……

   …….
6. **a) Name of Medical Shop/Hospital/College/Industry where working now:…..**

   ……..

   b) Address…….

   …….
7. **Matriculation examination or equivalent exam passed (S.S.C/S.S.L.C etc)**

   …….

   …….
8. **Educational Qualification as a Pharmacist (D.Pharm/B.Pharm etc).**

   …….
9. **Year of passing Pharmacy Examination…….……..**
10. **Contacts:**

    Mobile :……. Landline…….

    Email (Personal):……..

I, the undersigned here in verify and support the contents supplied in this application are true to best of my knowledge and belief. I am liable for any action taken by the Andhra Pradesh Pharmacy Council, if found incorrect. My name may be deleted from the Register in case of misleading information constituting to infamous conduct in professional respect.

Thanking you Sir.

Yours faithfully,

Signature