



BITS edu campus

**B A B A R I A
INSTITUTE OF PHARMACY**

Vadodara-Mumbai NH # 8, Varnama, Vadodara-391 240, (Guj.), INDIA.
Phone : +91-265-2303991 Fax : +91-265-2303999 (O) +91-265-2359999

**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, Ahemdabad-380016

- ❖ Name: _____
 - ❖ Date of Birth: _____ Age: _____
 - ❖ Qualification: _____ Designation: _____
 - ❖ Registered No. _____ Date of last renewal: _____
 - ❖ Name and address of present institute / organization:

 - ❖ Address of communication:

- Contact No: (M) _____ (O) _____
- Date: _____ Signature of the Applicant: _____

Enclosure:

- (1) Self attested photocopy of "Pharmacist Registration Certificate"
- (2) Self attested photocopy of "Receipt of latest Renewal"
- (3) Cheque / DD of Rs. 300/- in favour of "BABARIAINSTITUTE OF PHARMACY" payable at Vadodara