

Pharmacist License Application Form

Applicant Details

- Full Name: _____
- Father's/Mother's Name: _____
- Date of Birth: _____ Gender: Male Female Other
- Contact Number: _____
- Email Address: _____
- Address: _____

Educational Qualification

Institution Name	Degree Obtained	Year of Completion	License Number

Professional Experience

- Fresh Graduate Experienced

If Experienced, please provide details:

- Hospital/Pharmacy Name: _____
- Duration of Work: _____

License Information

- **State Licensing Board:**

- **License Number:** _____

- **Date of Issuance:** _____

I hereby declare that all information provided is true and complete.

Signature: _____

Date: _____