

WEST BENGAL PHARMACY COUNCIL

(Constituted under Pharmacy Act.1948)

PURTA BHAVAN, SEC - I, BIDHANNAGAR WEST DIVISION,

KOLKATA-700091, GROUND FLOOR, ROOM NO.-5 & 6,

PHONE NO. 2321-6454 / 2359 5180

e-mail : wbps_kol@vsnl.net / registrar.wbps2014@gmail.com

APPLICATION FOR RENEWAL OF REGISTRATION

WBPC/RC H/P

Dated :

TO
THE REGISTRAR,

Passport Photo
Attested by Gazetted officer

Sir,

I, Shri / Smt.
Name of Father / Husband would like to renew
my registration bearing No for the year/years for this I pay / remit herewith
a sum of Rs. (Rupees)
only on dated

Residential Address (in capital letters)

.....
.....
.....

Phone :

Professional Address (in capital letters)

.....
.....
.....

Phone :

Dated, the

Passport Photo

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(Full Signature)

DECLARATION

I am aware that if any statement in this declaration is false or misleading and if in making such statement I either know or believe it to be false, or do not believe it to be true, I am liable to be punished as per the Pharmacy Act'1948. I would therefore request you kindly renew my registration for the period as mentioned above.

Yours faithfully,

Dated :

Signature

Processing Fees : @Rs.100.00 (Rupees One Hundred Only) per year. By Post

Remarks :

Remarks :

Remarks :