

APPLICATION FOR ENTRY OF ADDITIONAL QUALIFICATIONS

TO
THE REGISTRAR,
WEST BENGAL PHARMACY COUNCIL,
8, LYONS RANGE,
KOLKATA - 700 001
PHONE : 2230-6454
e-mail : wbpc@vsnl.net

Sir,

I, Shri / Smt.

Son / Daughter / Wife of beg

to apply for registration of the additional qualifications of

which I have obtained from

.....

..... in

The Diploma or Certificate of the qualifications are enclosed herewith. These may be returned as soon as done with.

I am already registered under the Pharmacy Act, 1948 and my Registration number is

Yours faithfully,

WEST BENGAL
PHARMACY COUNCIL

Dated, the

(Signature of the applicant)

N.B. : Attested Xerox copies of
Degree / Diploma / Certificates
is/are enclosed herewith.

Address

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Rs. 50/- (Rupees Fifty Only)

Phone