

WEST BENGAL PHARMACY COUNCIL

Purta Bhavan, Sec-I, Bidhannagar West Division,

Kolkata-700 091, Ground Floor, Room No.-5 & 6

Phone No. 2321-6454 / 2359 5180

E-mail : wbpc_kol@vsnl.net / registrar.wbpc2014@gmail.com

PASSPORT

PHOTO

Attested by

Gazetted Officer

DECLARATION FOR NAME AND SURNAME CHANGE

Sir,

Shri / Smt. Do hereby declare
[Name with the old Surname]

that I am the same person by name
[Name with changed Surname]

Who obtained the Registration Certificate No. from the
West Bengal Pharmacy Council and that I desire to change my surname from
to for the following reasons :-

I also declare that my father's name is

My husband name is

The prescribed fee of Rs. 100/- is paid herewith and necessary documents in original are enclosed.

Dated, the 20 1.

Address 2.

.....
.....
.....
.....
Phone
(Signature of the DECLARANT in full
at (1) with the Maiden surname at
(2) with the changed surname)

This is to certify that the above declaration has been made by the Declarant Sri/Smt.

..... in my presence and to the best of my knowledge he/she is the same

person who was registered by the West Bengal Pharmacy Council under Registration No.

Dated, the 20

..... (Signature of the registered pharmacist)

Rs. : 100/- (Rupees One Hundred Only)

Registration No.