

ROLL No. _____

PUNJAB PHARMACY COUNCIL, LAHORE

Block No.7, LDA Flats, Huma Block, Allama Iqbal Town, Lahore. Ph. # 042-99260298

ADMISSION FORM FOR EXAMINATION OF **PHARMACY TECHNICIAN** (DIPLOMA COURSE) Year of Examination _____



**Attested
Photograph to
be Pasted by
the Applicant**

THE REGISTRAR
PUNJAB PHARMACY COUNCIL
LAHORE

Sir,
Request for permission to appear in the Examination of the Punjab Pharmacy Council for
Registration under Section 25(b) of the Pharmacy Act, 1967. Necessary particulars:-

1. Full Name _____
2. Father's Name _____
3. Date of Birth _____ Religion _____
4. Caste _____ Qualification _____
5. Must attach the following:-
 - i) Matric Certificate
 - ii) Institute Admission Letter
 - iii) Four Photographs
 - iv). I.D. Card No. _____
 - v) Character Certificate.(Attach attested copies of all certificates)
6. Postal Address _____

7. Name of Institution _____

8. Address (Institute) _____ Phone No. _____
9. E-Mail:- _____ Cell No. _____

Signature of Applicant

**Fee in Cash
Accepted**

English _____

Urdu _____

I verified the particulars mentioned in this form are correct.

Signature of Principal/Director of Institute with stamp _____

For Office Use only

Admission form has been received and required documents have been checked
Admission Fee has also been received. May be admitted please.

Prepared by (Exam. Clerk) _____ Checked by (Assistant) _____

Cash Receipt No. _____ Accountant _____

- I) The Examination Fee is **Rs. 4,500/-**, after the expiry of due date double fee amounting to **Rs. 9,000/-** has to be remitted.
- II) Incomplete Form shall not be accepted.

ROLL NO. SLIP

ROLL No. _____

Candidate will be admitted in the Examination Hall on production and delivery of this Roll Number Slip.
Please bring your National Identity Card during Theory and Practical Examination.

PUNJAB PHARMACY COUNCIL, LAHORE

Admit Mr./Miss./Mrs. _____

S/o, D/o, W/o _____

in the Examination being held on _____

at Center _____ at the _____

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Photograph to
be Pasted by
the Applicant**

**MOBILE PHONE, BAG, BOOKS
AND NOTES NOT ALLOWED IN
THE EXAMINATION HALL.**

Signature of Candidate _____

REGISTRAR
Punjab Pharmacy Council

Verified by Principal _____

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Signature of Candidate _____

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Punjab Pharmacy Council

Verified by Principal _____