



Registration Form

(Refresher Course for the
Pharmacist)

Sponsored by:

GUJARAT STATE PHARMACY COUNCIL



BlockNo.4/A,3rd Floor, Old Nursing College Building,
Opp. Cancer Hospital, Gate No.-6, Civil Hospital Campus, Asarva, Ahmedabad-380016

- ❖ Name: _____
- ❖ Date of Birth: _____ Age: _____
- ❖ Qualification: _____ Designation: _____
- ❖ Reg. No.: _____ Date of last Renewal _____
- ❖ Renew up to: _____
- ❖ Name and Address of present Institute/Organization:

- ❖ Address of communication:

- ❖ Contact No.:(M) _____(O) _____
- ❖ E-mail Id: _____

Date:

Signature of the Applicant

❖ **Documents required:**

1. Copy of last renewal receipt
2. Copy of Registration Certificate

Organized by

K.V. Virani Institute of Pharmacy and Research Centre
Badhada (SAVARKUNDLA)

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