

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 ASSISTANT (Supplementary) (REGISTER-"B") Year of Examination \_\_\_\_\_



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

THE REGISTRAR  
PUNJAB PHARMACY COUNCIL  
LAHORE

Sir,

I request for the permission to appear in the examination of the Punjab pharmacy council as provided under section 29 of the pharmacy act 1967. I submit below the necessary particulars:-

1. Full Name \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
\_\_\_\_\_
4. Postal Address \_\_\_\_\_  
\_\_\_\_\_
5. Mark of Identification \_\_\_\_\_ Phone No. \_\_\_\_\_
6. N.B.P Pay Order No./Bank Draft No. \_\_\_\_\_ Date: \_\_\_\_\_
7. National Identity Card No. \_\_\_\_\_
8. Matric Certificate Roll No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Signature of Applicant**

**Fee in Cash  
Accepted**

English \_\_\_\_\_

Urdu \_\_\_\_\_

### (FOR COMPARTMENT – EXEMPTED CANDIDATES ONLY)

Appeared in \_\_\_\_\_ Examination held in the month \_\_\_\_\_ Year  
\_\_\_\_\_ Under Roll No. \_\_\_\_\_ and is eligible to re-appear  
in the Subject of \_\_\_\_\_ in next one/two chance according  
to result card.

### **For Office Use only**

Admission form has been received. Enrollment certificate, Apprenticeship or Dispenser certificate and other 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. 4,000/-**, after the expiry of due date double fee amounting to **Rs. 8,000/-** 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.**

**REGISTRAR**  
Punjab Pharmacy Council

Signature of Candidate \_\_\_\_\_

### FOR RESULT INTIMATION

Roll No. \_\_\_\_\_  
Name: \_\_\_\_\_ S/o \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### FOR ROLL No. SLIP

Roll No. \_\_\_\_\_  
Name: \_\_\_\_\_ S/o \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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**REGISTRAR**  
Punjab Pharmacy Council

Signature of Candidate \_\_\_\_\_