



**GUJARAT STATE PHARMACY
COUNCIL SPONSORED
TWO DAYS REFRESHER COURSE FOR
REGISTERED PHARMACIST
ON 8th & 9th December, 2018
REGISTRATION FORM**



Name (Capital Letters) : _____

Date of Birth : _____

Age : _____ years

Qualification : _____

Designation : _____

State Pharmacy Council Registration No.: _____

Date of Last Renewal : _____

Name and address of present organization :

Address for communication :

Contact No : (M) _____

(O) _____

Registration Fees Rs. 300/-

Mode of Payment : Cash/DD

DD No : _____

Bank : _____

Date : _____

Place : _____

Signature of Applicant

Note : Self attested copy of State Pharmacy Council Registration Certificate is to be provided with filled registration form. For registration or any query call on 9712400903/9426362316. Attendance of participants will be strictly observed.

Organized By

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