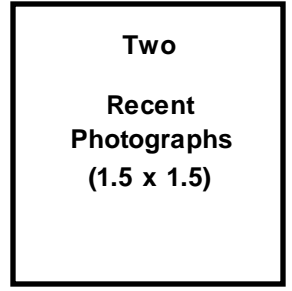


# PHARMACY COUNCIL OF PAKISTAN

Admit Card No. \_\_\_\_\_  
(To be filled by PCP)

To,  
The Secretary  
Pharmacy Council of Pakistan  
Islamabad



I hereby submit my application for the pre-registration examination along with the required documents, which are correct and authentic. In case of any fake information or document. I'll be responsible and PCP can proceed any action against me. I hereby declare that information given above is true to the best of my knowledge and belief

\_\_\_\_\_  
**Signature of Applicant**

1. Name in Block Letters. \_\_\_\_\_
2. Father's Name in Block Letters. \_\_\_\_\_
3. Date and Place of Birth. \_\_\_\_\_
4. Nationality. \_\_\_\_\_ Domicile. \_\_\_\_\_
5. Marks of Identification as per CNIC. \_\_\_\_\_ CNIC No. \_\_\_\_\_
6. Academic Details

	Name of Board/ University	Year of Passing	Certificate/ Degree Earned
Matriculation			SSC
Intermediate			HSC
Graduation			Pharm. D

7. Postal Address. \_\_\_\_\_  
\_\_\_\_\_
8. District. \_\_\_\_\_ City. \_\_\_\_\_ Province. \_\_\_\_\_
9. Residential Contact. \_\_\_\_\_ Cell Number \_\_\_\_\_
10. E-mail. \_\_\_\_\_
11. The prescribed fee of Rs.5000 has been submitted by Demand Draft / Pay Order No. \_\_\_\_\_  
dated \_\_\_\_\_ Name of Bank and Branch \_\_\_\_\_
12. Documents attached with application. \_\_\_\_\_  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_
13. Selection of Centre for Examination. (Please Tick only one Centre) \_\_\_\_\_

<input type="checkbox"/>	Punjab	<input type="checkbox"/>	Khyber Pakhtun Khwa	<input type="checkbox"/>	Islamabad/ AJK	<input type="checkbox"/>	Sindh
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\_\_\_\_\_  
**Signature of Applicant**

## Note.

Fees of pre-registration examination will be acceptable through Pay Order/ Demand Draft. No Cash will not be acceptable.