



Pharmacy Council of Pakistan

Application Form

Pharmacy Technician Examination-2023 (For Province of Sindh Only)

Enrollment No. _____
(To be filled by PCP)

Two
Recent
Photographs
(Passport Size)

1. Name in Block Letters _____
2. Father's Name in Block Letters _____
3. Date of Birth _____ Place of Birth _____ Gender _____
4. Nationality _____ Domicile _____
5. CNIC No _____
6. Academic Details

Sr #	Title of Certificate	Name of Board/ University	Marks Obtained	Total Marks	Year of Passing
1					
2					

7. Postal Address _____

8. District _____ City _____ Province _____
9. Residential Contact _____ Cell Number _____
10. E-mail _____
11. Selection of Centre for Examination (Please Tick only one Centre)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Karachi	Hyderabad	Sukkur

Signature of Applicant

Documents to be attached:

Two sets of following attested documents along with the application form for Pharmacy Technician Examination-2023 are required to send at postal address of Pharmacy Council of Pakistan, Islamabad.

1. CNIC of the Applicant
2. Domicile
3. Two Passport Size Photographs (Attested by the Principal)
4. Matric Certificate and Marks Sheet
5. For any queries please contact. 051 9204191 or visit PCP website www.pcpisb.gov.pk

Signature of Principal