

FORM H
(See Rule 79(1))

Application for Registration of Additional Qualifications

To
The Registrar,
A.P.Pharmacy Council,
Chuttugunta, Guntur.



Respected Sir,

I beg to apply for the Registration of Additional Qualification of
B.Pharm/ M.Pharm / Ph.D which I have obtained from

-

----- in
----- . The Degrees certificates of the qualifications are enclosed
here with. These may be returned as soon as done with.

I am already registered under the Pharmacy Act-1948, and my
registration number is-----/ valid up to 31/12/ .

The prescribed Fee is sent here with.

Station:

Date: / /

Yours faithfully,

(Signature of applicant)

Encl: as per **checklist**