

# UTTAR PRADESH PHARMACY COUNCIL



Pharmacy and Allied Sciences Council  
Lucknow - 226001 (U.P.)



Registration  
No. \_\_\_\_\_

Name of the Candidate \_\_\_\_\_



On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
I have received from \_\_\_\_\_  
the fee of \_\_\_\_\_ for the registration of the candidate \_\_\_\_\_  
Registered Pharmacist

and is entitled to all the privileges granted under the  
Pharmacy Act 1954 of India, in so far as it applies to  
the State of Uttar Pradesh and of the Indian States Pharmacy  
Council and the registration of the candidate of the said  
Pharmacy Council.

At \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_