



Registration Form  
(Refresher Course for the Pharmacist)  
Sponsored by:  
GUJARAT STATE PHARMACY COUNCIL  
Block No. 4/A, 3rd Floor, Old Nursing College Building,  
Opp. Cancer Hospital, Gate No. - 6, Civil Hospital Campus, Asarva, Ahmedabad-380016  
**Date: 13<sup>th</sup> and 14<sup>th</sup> July 2019**

- ❖ Name: \_\_\_\_\_
- ❖ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
- ❖ Qualification: \_\_\_\_\_ Designation: \_\_\_\_\_
- ❖ Reg. No. : \_\_\_\_\_ Date of last renewal: \_\_\_\_\_ Renew up to \_\_\_\_\_
- ❖ Name and Address of present Institute / Organization:  
\_\_\_\_\_  
\_\_\_\_\_
- ❖ Address of communication:  
\_\_\_\_\_  
\_\_\_\_\_
- ❖ Contact No..(M) : \_\_\_\_\_
- ❖ E-Mail Address: \_\_\_\_\_

Date:

Signature of the Applicant

Enclosure :

- (1) Registration Certificate
- (2) Receipt of latest renewal
- (3) Registration fees **Rs.300/- cash or D.D.** In favour of **“PRINCIPAL A.R.COLLEGE OF PHARMACY & G. H. PATEL INSTITUTE OF PHARMACY, PAYABLE AT VALLABH VIDYANAGAR”**

**Contact Number for registration / query: - 9979664719, 9429161203**

**Registration form also available on the college website <http://www.arghpharmacy.ac.in>**