

No. : N

For Office use only

Regn. No.

.....  
Date of Issue

..... 20

**APPLICATION FOR REGISTRATION FOR BACHELOR OF PHARMACY  
UNDER SECTION 32(2) OF THE PHARMACY ACT, 1948  
(VIII OF 1948)**

TO  
THE REGISTRAR,  
WEST BENGAL PHARMACY COUNCIL  
PURTA BHAVAN, SEC-I, BIDHANNAGAR WEST DIVISION,  
KOLKATA-700 091, GROUND FLOOR, ROOM NO.-5 & 6,  
PHONE NO. 2321-6454 / 2359 5180

Photograph

Sir,  
I request that my name be entered in the Register of Pharmacists maintained by the West Bengal Pharmacy Council, under Section 33/32(2) of the Pharmacy Act, 1948 (VII of 1948) and that on such entry I may be furnished with a certificate of registration.

**I have given the particulars required on the reverse and I declare that these are correct, and that I reside / carry on the business or profession of pharmacy in the State of West Bengal, my address being**

.....  
.....  
.....  
The prescribed fee of Rs. 200/- is paid herewith  
The undermentioned B. Pharma / Certificates / documents are enclosed in original and it is requested that original documents to be returned to me on the disposal of the case.

Dated at .....

The ..... 201

List of documents (to be Attested) for Bachelor of Pharmacy

1. All Marksheets of B. Pharm.
2. Industrial Training Certificate
3. Age Proof Certificate (Class X Admit Card of Certificate)
4. Voter ID Card / Aadhar Card / Passport
5. Character Certificate (in Original)
6. 10+2 Marksheet.
7. Provisional Certificate
8. Three passport size photographs

Photograph

Yours faithfully,

Processing Fees Rs. 1000/- (Rupees One Thousand Only) extra.

(Signature in full)

Remarks :

Remarks :

Remarks :

(Reverse)  
Particulars to be furnished by the applicant

1. Name (in block letters)
2. Educational Qualification (10+2)
3. Father's Name
4. Date of Birth
5. Nationality
6. Residential Address
7. Qualification for registration
8. Professional Address
9. Phone Number

Full Signature of Applicant  
(in full)

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\*\* Certificate may be obtained from a Local M.L.A / Member of the West Bengal Pharmacy Council / Registered Pharmacists / Head of the Academic Institution. (For A' - Category)

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Rs. .... received by ..... on .....  
and credited to the account of West Bengal Pharmacy Council.  
Date ..... Cashier.....

Examined, No objection to

Register in Part .....

May be registered in Part.....

Registration Clerk

Registrar  
(West Bengal Pharmacy Council)\*

No. : N

For Office use only

Regn. No.

.....  
Date of Issue

..... 20

**APPLICATION FOR REGISTRATION FOR DIPLOMA PHARMACY  
UNDER SECTION 32(2) OF THE PHARMACY ACT, 1948  
(VIII OF 1948)**

TO  
THE REGISTRAR,  
WEST BENGAL PHARMACY COUNCIL  
PURTA BHAVAN, SEC-I, BIDHANNAGAR WEST DIVISION,  
KOLKATA-700 091, GROUND FLOOR, ROOM NO.-5 & 6,  
PHONE NO. 2321-6454 / 2359 5180

Photograph

Sir,

I request that my name be entered in the Register of Pharmacists maintained by the West Bengal Pharmacy Council, under Section 33/32(2) of the Pharmacy Act. 1948 (VII of 1948) and that on such entry I may be furnished with a certificate of registration.

**I have given the particulars required on the reverse and I declare that these are correct, and that I reside / carry on the business or profession of pharmacy in the State of West Bengal, my address being**

.....  
.....  
.....

The prescribed fee of Rs. 200/- is paid herewith

The undermentioned diplomas / Certificates / documents are enclosed in original and it is requested that original documents to be returned to me on the disposal of the case.

Dated at .....

The ..... 201

List of documents (to be Attested) for Bachelor of Pharmacy

1. All Marksheets of Diploma in Pharmacy.
2. Practical Training Certificate (in original)
3. Age Proof Certificate (Class X Admit Card of Certificate)
4. Voter ID Card / Aadhar Card / Passport
5. Character Certificate (in Original)
6. 10+2 Marksheet.
7. Three passport size photographs

Photograph

Yours faithfully,

Processing Fees Rs. 1000/- (Rupees One Thousand Only) extra.

(Signature in full)

Remarks :

Remarks :

Remarks :

(Reverse)  
Particulars to be furnished by the applicant

1. Name (in block letters)
2. Educational Qualification (10+2)
3. Father's Name
4. Date of Birth
5. Nationality
6. Residential Address
7. Qualification for registration
8. Professional Address
9. Phone Number
10. A certificate of \*\* good moral character

Full Signature of Applicant  
(in full)

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\*\* Certificate may be obtained from a Local M.L.A / Member of the West Bengal Pharmacy Council / Registered Pharmacists / Head of the Academic Institution. (For A' - Category)

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Rs. .... received by ..... on .....  
and credited to the account of West Bengal Pharmacy Council.  
Date ..... Cashier.....

Examined, No objection to

Register in Part .....

May be registered in Part.....

Registration Clerk

Registrar  
(West Bengal Pharmacy Council)\*