

## Application for Re-registration by Transfer

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



I am a registered pharmacist----- in Pharmacy Council with Registration  
No...../..... Dated..... valid up to 31/12/.....

I am presently practicing Pharmacy/Working in M/s.....  
as ..... I request you to re-register my name by transfer to Andhra Pradesh  
Pharmacy Council.

I am submitting Original R.P.Certificate/Pass-Book, Id-Card etc issued by said Pharmacy  
Council.

I am also submitting the relevant documents and request to re-register me as  
pharmacist under the Pharmacy Act, 1948.

I agree that I will follow the rules of the A.P Pharmacy Council which may be laid down  
for the guidance of the registered pharmacists from time to time.

Date: / /

Yours faithfully,

(Signature of  
applicant) Address:

Encl: as per **checklist**

<b>FOR OFFICE USE ONLY</b>		
Receipt No: Date: Amount:	Correspondence to Other State Councils 1. Sent Ref No: Date:	APPC Regn. No Date: Despatch: <span style="border: 1px solid black; padding: 2px;">By Post/ Person</span>
Ref No:	2. Reply Ref No: Date:	RL/Sign: Date:

**Specimen Signatures of the applicant (within boxes)**

## Particulars for 'application for Re-registration'

1. Name of applicant with Surname :  
(as in Diploma/Degree Certificate in Block letters)
2. Father's Name :
3. Date of Birth: : Place of birth:
4. Nationality :
5. Permanent Residential address :  
(as per **proof of residence** in Block letters)  
Pincode:
6. i. S.S.C:        year of passing :
- ii. Intermediate: year of passing :
7. i. Education in Pharmacy :
- ii. Year of passing :  
    iii. Period of course : from        to  
    iv. College Name & Address :  
    v. Name of University :
8. Name of the Institution where  
  
    Practical training is undertaken :
9. Mobile No: : Email id:
10. Details of employment  
  
    i. Designation :  
    ii. Institution Name :  
    iii. Address :

(Signature of applicant)

Paste here Rs.3

Court Fee Stamps

## **Non-refundable deposit form**

**(To be submitted along with application for Registration of D Pharm/B Pharm/Pharm D)**

To

The Registrar,

Andhra Pradesh Pharmacy Council,

2<sup>nd</sup> Floor, Chuttugunta, Guntur.

**Sub:** Payment of Non-refundable deposit for future renewal of my registration.

**Ref:** My Application for registration submitted today.

I pay an amount of Rs.300/- (Rupees Three Hundred only) and request you to please treat this amount as Non-refundable deposit for Renewal fees in order to avoid difficulties arising out of my inadvertent failure to pay the renewal fees every (5) years, in time.

I further request you that necessary part of the Annual interest occurred on my deposit be adjusted towards my renewal fees every (5) years and remaining amount if any be utilized by the Council.

If due to some reason this amount becomes inadequate to cover my renewal fees, I shall be to glad to remit such additional amount as you may decide.

In the event of cancellation of my registration or abolishing of NRD scheme, this deposit may be accepted as my donation to the Council.

I assure you that I will inform you my residential or professional address if there is any change.

Thanking you sir.

Yours faithfully,

Signature & Date