

Application for Change of Address

Date: / /

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

Respected Sir,

Sub: - Application for **Change of address** -- submitted – Regarding.

Ref: - My application dated/ My Registration No. / dated.....

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I submit that my address is changed to as follows due to

.....

Existing

To be changed to

I am enclosing the relevant documents for effecting above changes.

Thanking you sir.

Yours faithfully,

(Signature of applicant)

Encl:

1. Original RP certificate + photocopy
2. Pass Book
3. Residential proof of new address + Photocopy
4. Affidavit-A