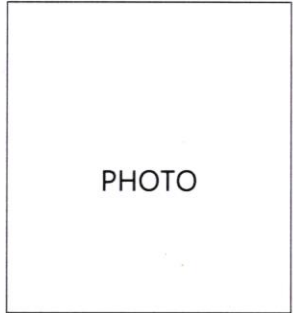


**APPLICATION FOR CHANGE OF
Address/ e Mail ID/ Mobile Number**

**To
The Registrar
ANDHRA PRADESH PHARMACY COUNCIL,
Chuttugunta, GUNTUR-522007.**



Sir,

I, _____ Sri _____ /

Smt.....Son / Daughter /Wife of

.....would like to inform you that I am a Registered

Pharmacist bearing Registration No.....would like to change my residential/ place of

working address or change of email or contact mobile.

New address:

New e Mail ID:

New Contact Mobile No:

So, I request you sir, to be kind enough and take necessary action and incorporate the changes in the Council register.

Thanking you Sir,

Yours Faithfully

Date:

Enclosures:

1. Address proof: Aadhar Card/ Passport or Voter ID.
2. Copy of Registered Pharmacist Certificate front and backside.

Note: a. Send the filled in application form by post or in person on or before 10.08.2024 to APPC office (D.No:25-16-116/1B, Behind Reliance Digital Store, Chuttugunta, Guntur-522007).

b. The data received by the council will be updated on or before 15.09.2024.