

**FORM-'7'**

**Rule- 56**  
**FORM OF APPLICATION FOR REGISTRATION OF PHARMACY**  
**(Under Section 32 of the Pharmacy Act, 1948)**  
**Draft of the Application Form**

To  
The Registrar/President,  
Ladakh Pharmacy Council

Sir,

Passport size  
Photo with  
white back  
ground (   
duly attested) 2

I request that my name may be registered as a Pharmacist under the Pharmacy Act, 1948 and that I may be furnished with a certificate of registration.

2. Necessary particulars are given on the reverse of this application.

3. I enclose herewith for your perusal and return the certificates in original and their copies for record in your office.

4. I hereby declare that I have read carefully and understood the instructions and particulars supplied to me and that all entries on the reverse of this application are true to the best of my knowledge and belief.

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

Yours faithfully

\_\_\_\_\_  
\_\_\_\_\_  
Address : \_\_\_\_\_

Dated

**INSTRUCTIONS**

1. A copy of rule 57(1) and (2) regarding renewal of registration is attached for information. All particulars of the application must be filled in by the applicant in neat legible hand.

2. The names and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered at the University or other examination.

3. Registration fee of Rs.3000 or 3500 in case of Fresh Registration and Rs.3500/- in case of Migration of Registration/ Non-Residents/ passing outside UT Ladakh is to be deposited in the Bank through Online/other mode. Registration fee is not refundable whether the application for registration is accepted or rejected.

4. Under the Pharmacy Act, 1948 as it stands at present only persons who have passed the Matriculation, 10+2 examination and professional qualification or their equivalent examination are eligible for registration.

5. Section 31, 32 and 41 of the Pharmacy Act are attached with this application for the information of the application

(Kindly print the second page of Application Form-7 on back side of first page)

- (1). Name in full \_\_\_\_\_
- (2). Father's Name \_\_\_\_\_
- (3) Place and Date of Birth (proof of age to be attached) \_\_\_\_\_
- (4) Nationality \_\_\_\_\_
- (5) Permanent Residential Address \_\_\_\_\_
- (6) Address of the Hospital, Dispensary or other place in which employed at present  
\_\_\_\_\_
- (7) Year of passing the Matriculation Examination or an examination prescribed as being equivalent to Matriculation Examination. \_\_\_\_\_
- (8) Years of passing 10+2 Examination or an Examination prescribed as being equivalent to 10+2 Examination. \_\_\_\_\_
- (9) Description of qualification as a Pharmacist \_\_\_\_\_
- (10) Name of the examining body. \_\_\_\_\_
- (11) Name of the institution under which training undergone. \_\_\_\_\_
- (12) Year of passing the examination. \_\_\_\_\_
- Signature \_\_\_\_\_
- Date \_\_\_\_\_
- \_\_\_\_\_

Note: