

# WEST BENGAL PHARMACY COUNCIL

(Constituted under Pharmacy Act. 1948)

Purta Bhavan, Sec-I, Bidhannagar West Division,

Kolkata-700 091, Ground Floor, Room No.-5 & 6

Phone No. 2321-6454 / 2359 5180

E-mail : wbps\_kol@vsnl.net / registrar.wbps2014@gmail.com

PASSPORT

PHOTO

Attested by

Gazetted Officer

## APPLICATION FOR RENEWAL OF REGISTRATION

WBPC/RC ..... H/P

Dated : .....

TO  
THE REGISTRAR,

Sir,

I, Shri / Smt. ....

Name of Father / Husband..... would like to inform

my registration bearing No. .... for the year/years ..... for this I pay / remit herewith

a sum of Rs. .... (Rupees ..... )

only of dated .....

Residential Address (in capital letters)

.....

.....

Phone : .....

Professional Address (In capital letters)

.....

.....

Phone : .....

Dated, the .....

[Full Signature]

I am aware that if any statement in this declaration is false or misleading and if in making such statement I either know or believe it to be false, or do not believe it to be true, I am liable to be punished as per the Pharmacy Act'1948. I would therefore request you kindly renew my registration for the period as mentioned above.

Yours faithfully,

Dated :

Signature

Processing Fees : @Rs. 100.00 (Rupees One Hundred Only) per year.  By Post

Remarks :

Remarks :

Remarks :