

# **Chhattisgarh State Pharmacy Council**

## **Application for registration of Additional Qualifications**

To,

The Registrar,  
C.G. State Pharmacy Council  
Raipur (CG)-492001

Sir,

I request that the additional qualification of .....  
Which I have obtained from .....in the year.....  
may be registered. The certificate of the qualification is enclosed herewith. These may  
be returned as soon as done with.

I am already registered in your council under the Pharmacy Act 1948 & my registration  
No. is .....

I agree to pay the prescribed fee of Rs.....with the application.

Date:

Place:

Yours Faithfully

(Name & Signature of applicant)