

# Chhattisgarh State Pharmacy Council

Hno-40, Anand Nagar, Po-Ravigram, Telibandha Raipur (CG) 492006

## Registration Renewal Form

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

Affix Recent Passport  
Photo

Sir,

This is to inform you that my pharmacist's registration No.....is going to end on date.....& I am here by applying for the renewal of my registration for..... (One/Five) years, as on today dated.....

### **Details of Applicant (Fill in Capital Letters only)**

- (1) Name .....
- (2) Father's / Husband's Name .....
- (3) Date of Birth .....
- (4) Present Address .....
- .....Pin.....
- (5) Permanent Address .....
- .....Pin.....
- (6) Present Occupation & Address.....
- .....
- (7) Academic Qualification.....
- .....
- (8) Contact No (Mob/Ph) .....
- (9) Email Address .....

The information given above is true to the best of knowledge & I shall be fully responsible, if above said information found incorrect/false, the council's decision/penalty in this regard will be final & accepted.

**Date:**

**Signature of Applicant**

**Documents to be enclosed:** (1) Photocopy of Registration certificate (self Attested)  
(2) Pharmacist's Renewal Book (3) 3 Recent Passport Photo (4) Aadhar card photocopy

**Note:** Registration renewal will be done from 1<sup>st</sup> January to 31<sup>st</sup> March by paying Normal renewal charges, late fees will be charged from 1<sup>st</sup> April of the year.

### **For Office Use Only**

Date of Receipt	Receipt No/Book no	Amount(Rs.)	Renewed up to