

Form-“L”
**Application for re-entry in the Register of Pharmacists of his/her
name removed under Section 34(2)**

To

The Registrar,
Punjab State Pharmacy Council,
Medical Education Bhawan,
Sector-69, Mohali.

Photograph attested by Gazetted officer

Sir,

I, the undersigned (a)_____ holding the qualifications of (b)_____ do solemnly and sincerely declare the following:-

In the year (c) _____ my name was duly registered in the register in respect of the following qualification, viz, (d)_____ and on the date of erasure of my name, I was registered in respect of the following additional qualifications, viz, (e)_____. The Registrar removed my name from the Register on (f)_____ for default in payment of renewal fee. Since the renewal of my name from the Register, I have been residing at (g)_____ and my occupation has been (h)_____. It is my intention if my name is restored in the Register to (i) .

Declare at: _____ On _____

Witness (i) _____ Regn. No. _____

Signature _____

Address _____

Yours faithfully

(Signature)

- (a) Insert full name
- (b) Insert qualification
- (c) Insert date of Registration
- (d) Insert qualifications
- (e) Insert additional qualifications
- (f) Insert date of removal
- (g) State address
- (h) Give particulars
- (i) Insert particulars as to purposed future profession
- (j) A registered Pharmacist

**Correspondence
Address:** _____

Phone No. _____

Registration No. _____