

**Shri B. M. Shah College of Pharmaceutical Education and Research,
College Campus, Modasa-383 315**



Organized

Refresher Course for the Pharmacist

(September 3-4, 2016)

Sponsored By:

Gujarat State Pharmacy Council

Block No. 4/A, 3rd Floor, Old Nursing College Building, Opp. Cancer Hospital, Gate No. – 6,
Civil Hospital Campus, Asarva, Ahmedabad - 380016



Registration Form

Name (As on Pharmacist Certificate): _____

Date of Birth: _____ Age: _____

Designation: _____ Qualification: _____

Reg. No: _____ Date of last Renewal: _____

Name and Address of present Firm/Organization/Hospital:

Address of Communication:

Email ID: _____

Contact No: (M) _____ (O) _____

Date:

Signature of the Applicant

Note: Send a photocopy of state pharmacy council registration certificate along with last renewal fee receipt and registration fee 300/- Rs.

For Correspondence

Shri B. M. Shah College of Pharmaceutical Education and Research, Modasa – 383315

Email – bph252owner@gtu.edu.in, Contact No. 9099063152 / 9998360205