

FORM A

THE PHARMACY ACT, 1966
(Act 5 of 1966)

Regulations 3 (1)

Application for registration as a Pharmaceutical Student

To the Pharmacy Council

Name of applicant.....
(In block letters)

Address of applicant.....
(In block letters)

Telephone Number Date of application.....

Age of application.....
(Photostat/certified copy of Birth Certificates should be attached)

Qualification of applicant.....
.....
.....
(Photostat/certified copies of qualifications should be attached)

Testimonials (3 to be attached)

Name of Parent/Guardian (if under 21).....
(In Block Letters)

Address of Parent/Guardian

.....
Signature of applicant

To be completed by the approved college at which applicant has been admitted as pharmaceutical student

Date of admission.....

Recommendation.....
.....
.....

.....
Principal or Head of Faculty

To be completed by Registrar,
Date approved/Refused by the Council.....

Date registered, if registered.....

Reason for refusal, if refused.....
.....
Signature of Registrar