

To,

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

Subject: Registration as Pharmacist on the basis of **NOC** (Transfer of pharmacist' Registration)

Sir,

Presently I am registered with (council name), with the particulars given below. Further I request you to ask for sending N.O.C. for transfer of my registration fromState Pharmacy Council to your council & I request you, to kindly register me in your C.G. State Pharmacy Council. I am submitting below listed attested copy of documents needed for this. I am also ready to pay the prescribed fees of rupees.....towards this. The details are as below regarding me.

- (i) **Name:**
- (ii) **Father's/Husband's Name:**.....
- (iii) **Present Address:**
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- (iv) **Permanent Residential Address:**
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- (v) **Mobile No:**
- (vi) **Name & Add of the Council where currently Registered:**.....
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- (vii) **P.P.P card No (If issued by the council):**
- (viii) **Registration No:**
- (ix) **Date of Registration:**
- (x) **Registration valid up to:**

Date:

Place:

(Name & Signature of applicant)

Enclosure/Documents to be submitted along with application.

- (1) Original Pharmacist's Registration Certificate
- (2) P.P.P. Card ,Original (If issued by the council)
- (3) Attested Xerox copy of Domicile Certificate of CG.
- (4) Attested Xerox copy of 10th & 12th Mark sheets
- (5) Attested Xerox copies of Diploma/Degree/Pharm.D. Mark sheets (All semesters)
- (6) Attested Xerox copy of Training certificate with Address.
- (7) 3 P.P color photograph (Recent Photo)
- (8) Photo Identity Card
- (9) Demand Draft of the said amount to be send to your present council for issuing NOC.