

বাংলাদেশ ফার্মেসী কাউন্সিল
Pharmacy Council of Bangladesh

Photo

Application for Registration as a B. Pharm Student

For the Session/Semester to

To

The Secretary

Pharmacy Council of Bangladesh

Rahat Tower, 14 Link Road

West Banglamotor, Dhaka-1000.

Fill up the Form in Capital Letter

Sir,

I (Name of Student)

Father's Name:

Mother's Name:

Address:

Present: Vill./Area.....

PO: P.S:

Dist.: Postal Code:

Permanent: Vill./Area

PO: P.S:.....

Dist. : Postal Code:

Nationality: Date of Birth: Place of Birth: Gender:.....

Mobile Number: E-mail Address:

have been admitted in University
and praying for my registration as a B. Pharm student on with your Council.

1. Total Marks/GPA obtained in S.S.C/Equivalent: Year

2. Total Marks/GPA obtained in H.S.C/Equivalent: Year

Date:

Signature of the Student

(To be filled up by the University office)

1. Name of student in Capital Letter:

2. Address to which communications should be sent

Certified that the above statement of the student is correct.

Date:

Seal of the University

Signature of the Registrar/Head of the Dpt.

Requirements:

1. Two copies of recent passport size Photographs, S.S.C & H.S.C Certificates and Mark sheets attested by relevant University Professor/Head of the Department of Pharmacy.

2. Bank Pay order/DD of Tk. 300 (Three hundred) in favour of Pharmacy Council of Bangladesh.