

FORM A

Regulations 3 (1)

THE PHARMACY ACT, 1966

Application for registration as a Pharmaceutical Student

To the Pharmacy Council

Name of Applicant

Address of Applicant

Date of Application

Age of Applicant
(Photostat or certified copy of Birth Certificate should be attached)

Qualifications of Applicant
.....
.....
.....
(Photostat or certified copies of Certificates should be attached)

Testimonials ((3) to be attached))

Name of Parent or Guardian (if under 21)
(In block letters)

Address of Parent or Guardian (if applicable).....
.....

.....
(Signature of Applicant)

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

Date of Admission

Recommendation
.....
.....

.....
(Principal or Head of Faculty)

To be completed by the Registrar

Date approved/refused by the council
Date registered, if registered
Reason for refusal, if refused

.....
(Signature of Registrar)