

PHARMACISTS COUNCIL OF NIGERIA

APPLICATION FOR RETENTION OF NAME ON THE REGISTER FORM J (UNDER THE PHARMACISTS COUNCIL OF NIGERIA)

Form J

To: The Registrar,
Pharmacists Council of Nigeria,
Plot 7/9, Idu Industrial Layout, Idu
P.M.B. 415, Garki, Abuja.
E-mail: pcnig@yahoo.ca

Coloured Passport
Size Photograph

1. I.....
(Surname) (Former Names where applicable)

2. Date of Birth:.....Month:.....Year:.....State of Origin..... L. GA.....

Full Registration Number:.....

requires my name to be retained on the Register and hereby apply for practicing licence for the year commencing 1st January 20to 31st December 20.....

3. (a) Years of qualification:.....

(b) I enclose herewith the amount of:

<input type="checkbox"/>	Free - 40 years post Registration and above
<input type="checkbox"/>	N3, 000 - 15 - 39 Years Post Registration
<input type="checkbox"/>	N2, 000 - 10 - 14 Years Post Registration
<input type="checkbox"/>	N1, 000 - 9 Years Post Registration and below
<input type="checkbox"/>	N1, 000 - NYSC
<input type="checkbox"/>	\$ 100 - Pharmacists resident Abroad

(Tick the appropriate fee)

In Bank Draft No:.....

NOTE: fees must be paid before January 31 of each year.

4. I forward herewith the following particulars:.....

(a) Address (i) Residential:.....

State:.....

Telephone:

E-Mail:

NOTE: Licence will be dispatched to State of Residence

(ii) Where do you work?

Name:

Address:.....

Telephone:.....

E-Mail:

(iii) State the Category of Practice:.....(Academic, Retail and Dispensing, Hospital, Administrative, Wholesale, Importation, Manufacturing etc.

(iv) Are you a Superintendent Pharmacist?..... Yes/No:.....

NOTE: Every Registered Pharmacist should send immediate notice of any change of address to the Registrar of the Pharmacists Council of Nigeria, Plot 7/9, Idu Industrial Layout, P. M. B. 415, Garki, Abuja

(b) Last Year's Licence to practice as a Pharmacist: Number.....Date.....

5(a) I hereby certify that I am not a registered and practicing member of an allied profession and the particulars furnished herein are true.

(b) TAKE NOTICE that the Pharmacists Council of Nigeria (PCN) shall make a claim and recover all costs of litigation incurred by it in defense of any court action instituted against it at the instance of any Registered Pharmacist and/or Registered Pharmaceutical Premises and whereby the suit is struck out, Withdrawn or the Pharmacist or the Premises Loses the case.

Stamp and Signature of Designated Official in the State

Applicant

Signature and Date

OFFICIAL USE ONLY

(a) Is application 'approved or rejected?.....

(b) If rejected, state reason(S):.....