PHARMACISTS COUNCIL OF NIGERIA

(Under the Pharmacists Council Decree 91 of 1992) **Form F**

APPLICATION FOR REGISTRATION IN THE PROVISIONAL REGISTER

To: The Registrar,
Pharmacists Council of Nigeria,
Plot 7/9, Idu Industrial Layout, Abuja,
P.M.B. 415, Garki, Abuja.
Tel: 09-6715914
E-mail: pcnig@yahoo.ca

Passport Size Photograph

I,.....
SURNAME (IN CAPITAL) **FIRST NAME** **MIDDLE NAME**

of.....
(Permanent home address)

hereby apply for provisional registration as a Pharmacist

1. In support, I declare that,

(a) I am.....
(state nationality and how acquired, i.e. by birth, naturalization, etc)

(b) I attended the following Pharmacy institutions.....
.....
.....
(Name the institutions and state periods of attendance)

(c) My qualification are.....
.....
.....

2. The following two registered Pharmacists are my referees:

	NAME	ADDRESS	CURRENT LICENCE NO
(a)	.....	.....	.....
	.....	.....	.....
(b)	.....	.....	.....
	.....	.....	.....

3. I wish to serve my internship with.....
of.....

4. I enclose the prescribed fee for provisional registration in Bank Draft No.....

5. I declared that the above statements are correct and that I am the person shown in the attached photograph.

MADE and declare by me at.....this.....day of.....20.....

.....
Signature of Witness (Dean)
Official Stamp of the Dean

.....
Signature of Applicant

NOTE: *Photocopies and Original Certificates (if so required) must be produced to the Council.*