

PHARMACISTS COUNCIL OF NIGERIA

PHARMACY TECHNICIAN

APPLICATION FOR ANNUAL PERMIT FOR THE YEAR.....

- 1) Name:.....
(Surname First) (Other Names)
- 2) Date of Birth:.....State of Origin.....L.G.A.....
- 3) Offices or Business Address:.....
.....
- 4) Residential Address:.....
.....
- 5) Where were you employed last year?.....
.....
- 6) Who was your Supervisor?.....
- 7) Confirmation by Supervisor (Current License number & Signature).....
- 8) Reason for leaving last employment (if applicable).....
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- 9) Course, workshop, etc. Attended last year.....
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- 10) Declaration: I.....hereby declare that the
Information supplied by me in this application form is true in every respect.

.....
Signature

.....
Date

