

PHARMACISTS COUNCIL OF NIGERIA

INDEXING FORM

APPLICATION FOR ENTRY IN THE INDEX OF STUDENT PHARMACY TECHNICIANS/ASSISTANTS

(This form must be completed and returned to the Registrar, Pharmacists Council of Nigeria, P. M. B. 415, Garki, Abuja within 2 weeks of admission of the student with other relevant documents).

1. NAME OF APPLICANT:
Surname first (in capital letters)
- MARITAL STATUS: SEX:
- DATE OF BIRTH:
- PLACE OF BIRTH: L.G.A: STATE:
- RELIGION:
- PERMANENT HOME ADDRESS:
-
- NAME AND ADDRESS OF SPONSOR:
-
- NAME AND ADDRESS OF NEXT OF KIN:
-
- ADDRESS OF TRAINING INSTITUTION:
-
- DATE ADMITTED TO TRAINING INSTITUTION:

EDUCATIONAL QUALIFICATION:

SUBJECTS	GRADES	DATES

2. Please attach the following to support your application:
- a) A certified copy of birth certificate or statutory declaration of age,
 - b) A copy of detailed result endorsed by the appropriate education authority as evidence of educational qualification,
 - c) A copy of testimonial from the Principal of last school attended,
 - d) Two recent passport size photographs (coloured),
 - e) A copy of married certificate/affidavit (if married),

- f) A copy of notification or letter of admission,
- g) Certificate of registration as a registered pharmacy assistant issued by the **Pharmacist Council of Nigeria**. (Where applicable)

3. To be completed by: Candidates admitted into the Conversion Programme.

a) **Professional qualifications with dates and registration numbers:**

(i)

(ii)

b) **Previous Employment (if any)**

(i) Name and address of employer:
.....

(ii) Positions held with dates:
.....

4. **DECLARATION BY APPLICANT:**

I hereby declare that the information given in the application is correct to the best of my knowledge.

Date: **Signature of applicant:**

5. **CERTIFICATION BY THE HEAD OF TRAINING INSTITUTION:**

NAME OF HOD (Pharmacy Technician):

DESIGNATION:

ADDRESS OF TRAINING INSTITUTION:

.....

TYPE OF TRAINING PROGRAMME (Pharmacy Technician/Pharmacy Assistant, or Conversion Programme):.....

(Delete what is not applicable)

I hereby certify that the information given by the applicant is correct:

Signature of HOD (Pharmacy Technicians):

Date:

(Please use official stamp)