

FORM L

(See Rule 108)

**Application for re-entry in the Register of Pharmacists of the name
Removed under Section 34 (2)**

To,
The Registrar,
A.P. Pharmacy Council.
Chuttgunta, Guntur.

Sir,

I, the undersignedholding the qualifications of
.....do solemnly and sincerely declare the following.

In the yearmy name was duly registered in the register in
respect of the following qualificationand on the date of
erasure my name was registered in respect of the following additional
qualifications, viz. B pharm/M pharm.

The Registrar removed my name from the register onfor
default in payment of renewal fee.

Since the removal of my name from the register, I have been residing at
.....and my occupation has been

It is my intention if my name is restored in the register to work as
.....

Declared at Andhra Pradesh pharmacy Council, Nampally Hyd
on.....

Yours faithfully,

Witness 1:

Witness 2.

Signature:

Signature:

(Signature)

Address:

Address: