

**FORM H**

(See Rule 79(1))

**Application for Registration of Additional Qualifications**

To  
The Registrar,  
T.S. Pharmacy Council,  
Nampally, Hyderabad.



Respected Sir,

I beg to apply for the Registration of Additional Qualification of  
B.Pharm/ M.Pharm / Ph.D which I have obtained from

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----- in  
----- . The Degrees certificates of the qualifications are enclosed here  
with. These may be returned as soon as done with.

I am already registered under the Pharmacy Act-1948, and my  
registration number is-----/ valid up to 31/12/ .

The prescribed Fee is sent here with.

Station:

Date: / /

Yours faithfully,

(Signature of applicant)

Encl: as per **checklist**