



PONDICHERRY PHARMACY COUNCIL

(STATUTORY BODY CONSTITUTED UNDER SECTION 19 OF THE PHARMACY ACT, 1948)

Govt. Pharmacy Campus, Indira Nagar, Gorimedu
Puducherry-605 006.

Web: ppc.org.in/ Email: ponphacil@gmail.com



DATA SHEET FOR IDENTITY CARD

1. All details to be filled in CAPITAL & BOLD letters.
2. Enclose one Passport size photograph with name on its backside..
3. Fee Rs.100/- by cash/DD in favour of the Registrar, Pondicherry Pharmacy Council, Payable at Puducherry.
4. Enclose a Xerox copy of Council Registration Certificate.

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1. **Name:**-----

2. **PPC Regn.No:**-----

3. **Date of Regn.:**-----

4. **Date of Birth:**-----

5. **Blood Group:**-----

6. **Residential Address:**

Affix
recent
passport
size
photograph

7. **Phone/Mobile:**-----**Email ID:**-----

8. **Signatures:-** 1)

2)

FOR OFFICE USE ONLY

1). Date of receipt of application:

2). Receipt No & date:

3). Amount remitted Rs:

4). DD No with date:

REGISTRAR