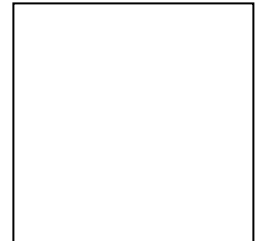


**GHANA PHARMACY PROFESSIONAL QUALIFYING EXAMINATION
REGISTRATION FORM**

Please complete this form in **BLOCK LETTERS**. After fulfilling all the requirements, return the form including all the required documents to the Head Office or any of the Pharmacy Council Regional /Zonal Offices. Fees paid cannot be transferred to any other examination session. *Affix a recently taken passport size photograph.*

I wish to apply for the Pharmacy Professional Qualifying Examination scheduled for

.....
(Date)



PERSONAL INFORMATION

Name
(Surname/Family name) (First/Given name) (Middle name)

Date of Birth..... (dd-mm-yyyy)

Gender: Male Female (Check the appropriate one)

Nationality.....Place of Birth.....
(City/Town, Country)

Marital Status: Single Married (Check the appropriate one)

Permanent Address.....
.....

E-mail.....Tel.....

OTHER INFORMATION

University /College attended.....

Places of Internship training:
.....
.....
.....

I acknowledge that the information provided is true and accurate.

Signature of applicant.....Date.....

FOR OFFICIAL USE ONLY	
AMOUNT PAID.....	
OFFICIAL RECIEPT NUMBER.....	
DATE.....	SIGNATURE.....