

To,

The Registrar
MP Pharmacy council
Jayprakash Hospital Campus
250 Quarters, Tulsi Nagar Bhopal

**Sub:- Application for cancellation of Pharmacist's Registration
based on
change of residence outside MP (to be filled in capitals only)**

I S/o;D/o; W/o of
..... Has been registered with this
council under Registration No..... dated.....
Renewed till..... with my DOB as -..... And
Qualification as.....

I hereby Request you to cancel my above mentioned **Pharmacist's Registration** as
I am no longer a resident Of MP and I am enclosing the following documents:-

- a) Proof of my new /current address(enclose copy of Aadhaar/voter ID)
- b) original Registration certificate
- c) Demand Draft for Rs. 5000/-(Five thousand only)
bearing No:-..... dated.....in favour of MP Pharmacy council.
- d) Copy of class 10 mark sheet and final year degree/Diploma marksheet
- e) PAN card

I also understand and acknowledge that upon cancellation of my pharmacist's
registration, I shall not be eligible to obtain pharmacist's registration in state of MP
for a period of 2years from the date of such cancellation

Thanking You,

Yours Sincerely,

(Sign & Name of the pharmacist)
Registration No:-
Mobile No:-
Email Id:-
Date:-

This Application is exclusive and only for **cancellation of Pharmacist's Registration based on change of residence outside MP**. This application has to be physically submitted to MP Pharmacy council along with the following documents:-

- a) Proof of new /current address (enclose copy of Aadhaar/voter ID)
- b) original Registration certificate
- c) Demand Draft for Rs. 5000/- (Five thousand only in favour of MP Pharmacy council.
- d) Copy of class 10th mark sheet and final year degree/Diploma marksheet
- e) PAN card

This applicant also understands and acknowledge that upon cancellation of pharmacist's registration, He/she will not be eligible to obtain pharmacist's registration in state of MP for a period of two (2) years from the date of such cancellation.