



**KHYBER PAKHTUNKHWA PHARMACY COUNCIL,
PESHAWAR Category "B" Examination Admission Form
2021**

Staple
Passport Size
Photograph
1x1.5

Annual / Supplementary

1. Class (Part-I/Part-II) 2. Institution _____
3. Number of Chances Availed (1st/2nd/3rd) 4. Gender (Male/Female) 5. Religion (Muslim/Non-Muslim)
6. DOB _____ 7. Previous Roll No _____ 8. Year _____ 9. Exam (Annual/Supply)
10. Candidate Name (In Block Letters) _____
11. Father Name (In Block Letters) _____
12. Permanent Address (Must be filled) _____
13. Contact No (Must) _____ 14. Candidate CNIC No _____ 15. District _____
16. Track Record:

Name of Exam	Roll No	Annual Supply	Year	Mark Obtained
SSC/Matric (Science)				

17. Subject in which to be examined:

Theory:

I. _____ II. _____ III. _____ IV. _____ V. _____

Practical:

I. _____ II. _____ III. _____ IV. _____

Affidavit: I solemnly declare on oath that all the entries made in the Admission form are true to the best of my knowledge and in accordance with the college record. I also affirm that I shall abide by the rules/regulations of Pharmacy Council of Pakistan as well as KP Pharmacy Council, Peshawar from time to time.

CANDIDATE SIGNATURE (_____)

Certificate: I certify that the information furnished above is correct to the best of my knowledge.

Attached the following Documents:

- i) SSC Certificate/DMC
ii) CNIC Photocopy iii) Three Pictures

PRINCIPAL/DIRECTOR

Signature _____ Stamp _____

Roll No _____

CNIC _____ Mobile No _____