

**Form "D"**  
*[See rule 71(1)]*

To

The Registrar,  
Himachal Pradesh Pharmacy Council,  
Shimla.

Sir,

I beg to apply for the registration of the additional qualification of .....  
which I have obtained from..... in .....The  
Diploma or Certificate of the qualification are enclosed herewith. These may be returned as  
soon as done with.

I am already registered under the Pharmacy Act, 1948 and my registration No is  
.....The prescribed fee of Rs..... is  
sent herewith.

Your's faithfully,

(Signature of the applicant).