

Format for approval of professional bodies under Regulation 4.2(iv) of the Pharmacy Practice Regulations, 2015

- | | | |
|---|---|--|
| 1) Name of the Professional Body | - | _____ |
| 2) Objective of Professional body | - | _____ |
| 3) Address | - | _____ |
| | - | _____ |
| • E-mail Id. | - | _____ |
| • Phone No. | - | _____ |
| • STD Code | - | _____ |
| • Mobile No. of authorised person | - | _____ |
| 4) Nature of the Professional Body whether | - | _____ |
| • Central Government | - | _____ |
| • State Government | - | _____ |
| • Private | - | _____ |
| • Registered Society | - | _____ |
| • Any other (please specify) | - | _____ |
| 5) Source of funding | - | _____ |
| 6) List of office bearers | - | Please provide information in the enclosed format as Annexure-I |
| 7) Audited Statement of accounts of last 3 years. | - | Please enclose copy as Annexure-II to IV |
| 8) When were the last elections held | - | _____ |
| 9) Number of registered members | - | _____ |
| 10) Whether the members are with Pharmacy qualification only. | - | _____ |
| 11) Whether any financial assistance is provided by the body, for professional activities. If Yes, please furnish the details | - | _____ |

12) List of Executive Committee members -

Please enclose as **Annexure-V**

13) Nature of professional activities performed -

Please enclose details as **Annexure-VI.**

Date - _____

Name of Person - _____

Designation - _____

Signature - _____

-

Annexure-I

List of office bearers:-

S No.	Name of office bearer	Designation	Qualification	Address	Mobile/Phone.No

Name of the Person - _____

Signature - _____

Date - _____