

FORM A

(Pharmacy Board Act, Ch. 29:52)

APPLICATION FOR REGISTRATION AS A PHARMACEUTICAL STUDENT

To the Council of the Pharmacy Board of Trinidad and Tobago

I HEREBY APPLY for registration as a Pharmaceutical Student and for that purpose I submit the following information:

Name of Applicant
(In block letters)

Address of Applicant
(In block letters)

Age of Applicant Nationality
(Certified copy of birth certificate should be attached)

Qualification of Applicant
.....
(Photostats or certified copies of certificates should be attached when possible)

Name of parent or guardian (if under 18)
.....
(In block letters)

Address of parent or guardian (if applicable)
.....
(In block letters)

Dated this day of, 20.....

.....
Signature of Applicant