

**AYURVEDIC PHARMACIST**

Form. No.

Rs. 1000/-

R/ No. ....

Dated .....



3.5 x 4.5

**PASCHIM BANGA AYURVED PARISHAD**

PURTA BHAVAN, ROOM NO – 304, 3<sup>RD</sup> FLOOR

BLOCK – DF, SEC – I, SALT LAKE - 700091

PHONE: 2321-4067

**ADDITIONAL QUALIFICATION FORM**

To  
The Registrar,  
Paschim Banga Ayurved Parishad  
Purta Bhavan, Room No – 304, 3<sup>rd</sup> Floor  
Block – DF, Sec – I, Salt Lake – 700091

I ..... Son /Daughter/ Wife of .....

Solemnly declare that I am the person whose name was registered under Registration No.....  
under the Paschim Banga Ayurved Parishad. I beg to apply for entry of my Additional Qualification :

1. .... awarded by .....  
( Qualification, Year etc.) (University Name)

2. ....awarded by .....  
(Qualification, Year etc.) (University Name)

( original certificate along with an attested copy enclosed )against my name. A fee of Rs. 500/- for such entry has been deposited herewith. The aforesaid qualification may, therefore, we kindly entered in the Register of Registered Ayurvedic pharmacist at an early date.

Dated .....

Yours faithfully,

Registered Address:  
.....  
.....  
.....

Registration No.....

Date .....

Mobile No : .....

Registrar  
Paschim Banga Ayurved Parishad