



PHARMACY COUNCIL OF THE GAMBIA
Pipeline, off-Kairaba Ave – opposite Mosque
Serrekunda
Tel: +220 438 3841, +220 738 2655/769 0904
P.O.Box 4527 Bakau
Website: www.gpc.gm



SUPERINTENDENT PHARMACIST REGISTRATION APPLICATION FORM

Date of first Registration in The Gambia:

Registration No:

Passport Size
photograph, if
applicable

A. PARTICULARS OF APPLICANT

SEX: Male ☐ Female ☐

*New
application
only*

TITLE (Ms, Mr, Mrs, Pharm, Dr, Prof)

FAMILY NAME/SURNAME

FORMER/MAIDEN NAME (if any)

<input type="text"/>	<input type="text"/>
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FIRST NAME(S)

<input type="text"/>

DATE OF BIRTH (DD/MM/YYYY)

NATIONALITY

<input type="text"/>	<input type="text"/>
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RESIDENTIAL ADDRESS

POSTAL ADDRESS

H/No.: Street No./Name Town/Area:	<input type="text"/>	<input type="text"/>
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TELEPHONE NUMBER

E-MAIL ADDRESS

Landline Mobile	<input type="text"/>	<input type="text"/>
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B PRACTICE SINCE INITIAL REGISTRATION IN THE GAMBIA**WORKPLACES AND AREAS OF EXPERIENCE – *new applicants only***

EMPLOYER/INSTITUTION	AREA OF PRACTICE	DATES

C ADDITIONAL QUALIFICATIONS - *new applicants only***Details of additional degree acquired**

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Name of University which awarded the qualification**Date of award of degree**

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DECLARATION:

I, the undersigned certify that the information in the accompanying documentation concerning the application for registration indicated herein is correct and true.

Please indicate submitted documents on the last page!

Signature of Applicant: **Date:**

OFFICIAL USE

DATE OF RECEPTION:		STAMP
NAME OF RECEIVER:		
NAME OF REGISTRAR		
REMARKS/RECOMMENDATIONS BY REGISTRAR		
Signature: Date:		

DOCUMENTS	SUBMITTED by applicant	CONFIRMED by PCG
Application form (signed and dated)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of ID for identification - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Current coloured passport size photograph (if applicable) - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
A current (not older than one year) CV (signed and dated) - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the post graduate degree or course certificate - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Catalogue of relevant papers published related to the certificate seeking to register (if applicable) - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
A transcript from the training institution posted directly by the institution to the Registrar of the PCG - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of work permission in The Gambia for non-Gambians - <i>new applicants only</i>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>