



PHARMACY COUNCIL OF THE GAMBIA

Off Kairaba Avenue

Pipeline (opposite Mosque), Serrekunda

Tel: (+220) 4383841, 7690904, 7382655; P.O.Box 4527 Bakau

Website: www.gpc.gm, Email: info@gpc.gm



SUPERINTENDENT PHARMACIST REGISTRATION APPLICATION

Date of first Registration in The Gambia:

Registration No:

Passport Size
photograph

A. PARTICULARS OF APPLICANT

SEX: Male Female

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

Town/Area: <input type="text"/>	<input type="text"/>	<input type="text"/>
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TELEPHONE NUMBER

E-MAIL ADDRESS

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

EMPLOYER/INSTITUTION	AREA OF PRACTICE	DATES

C ADDITIONAL QUALIFICATIONS

Details of additional post-graduate degree or diploma acquired

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Name of awarding University/Institution

Date of award

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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 for identification	<input type="checkbox"/>	<input type="checkbox"/>
Current coloured passport size photograph	<input type="checkbox"/>	<input type="checkbox"/>
A current (not older than one year) CV (signed and dated)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the completed Fellowship programme or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Catalogue of published papers relevant to the area seeking to register (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
A certified copy of the transcript from the training institution.	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of work experience in The Gambia	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of work permission in The Gambia for non-Gambians	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>