



PHARMACISTS COUNCIL OF ZIMBABWE

**APPLICATION FORM FOR REGISTRATION AS A
PHARMACY/OPTOMETRY/PHARMACY TECHNICIAN STUDENT**

1. Surname

First Names

Address

E-mail

Degree/Programme being undertaken

Date of Commencement

Date of completion

2. Registration Fees

1st year students

DATE SIGNATURE

DEAN/HEAD OF SCHOOL OF TRAINING

SIGNATURE

FOR OFFICIAL USE ONLY

Date of Registration

Registration No

Date Signature