

GRADING APPLICATION FORM

i. **IDENTIFICATION**

Names		Registration Number:	NPC/A
Date of birth:	Telephone N°:		
Nationality:	E-mail address:		
ii. GRADING REL	ATED INFORMATION		
Grade applying for			
Current grade			
Highest Degree in Pharmacy			
Year of experience with proof			
Publication (if applicable)			
1. Application letter 2. Copy of ID/Passport 3. Certified copy of degree 4. Certified copy of degree 5. Copy of current CV 6. Proof of working experie 7. Evidence of scientific pul 8. Current License to practio 9. Proof of payment of appl	equivalence (those who nce blication if any ce		
All payments should be made at I hereby certify that the above infall the above requirements. I undisciplinary measures	formation is correct to the	he best of my knowl	edge and I have fulfilled

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