

Query Form

Date: _____

To,

The Registrar
Maharashtra State Pharmacy Council
Mulund, Mumbai 400080

Sub -Query regarding entry in Electoral Roll

Dear Madam,

This is to inform you that I, the undersigned is registered pharmacist of Maharashtra State Pharmacy Council with details as below –

Full name (as on Registration certificate)	
Registration number and date of registration	
Registration renewed up to or valid up to	
Serial number in Electoral Roll	
Mobile number	
E mail id	

I would like to request change in address

Address _____

Taluka _____

District _____

Pin code _____

Kindly note above and do needful

Thanking you,

Yours faithfully

(Signature and name of Name of Registered Pharmacist)