

**DRUG STORE MANAGEMENT COURSE**

**APPLICATION FORM**  
TO OPEN A STUDY CENTER  
OF  
DRUG STORE MANAGEMENT COURSE

**We declare that we are the members of**

**PHARMACEUTICAL TRADERS' ASSOCIATION OF BENGAL**

**Of the Branch at:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Under the District Committee:** \_\_\_\_\_

**Operating from:** \_\_\_\_\_ **No of Members:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**are interested to start the Study Center to train people with the Drug Store Management Course at our locale/district with attention, interest, care, confidence and assurance.**

**You are requested to visit our site/venue at** \_\_\_\_\_

\_\_\_\_\_ **on** \_\_\_\_\_

\_\_\_\_\_ **with your Prime Advisory team for your vigilance**

**to confirm and provide consent to start the Study Center as**

**early as possible.**