

Election of Member or Members of Goa State Pharmacy Council -2023

DECLARATION

I, _____ (full name)
bearing registration number _____, hereby declare that I have not
received the ballot/voting paper posted to my address as given in the electoral
list displayed on the Goa State Pharmacy Council website.

Kindly send me a DUPLICATE ballot paper to the following address:

Pincode:

Signature: _____

Date: _____