

SAMPLE ONLY - Do NOT use as application

FOR OFFICE USE ONLY:

PEBC IDENTIFICATION #:

Do not write in this space

Attach one passport sized photograph here, with date taken stamped on the back.

Application for Document Evaluation for Pharmacists

Board of Canada, 717 Church Street, Toronto, ON Canada M4W 2M4
Clearly printed or typewritten.

Surname: Ms. Miss Mrs. Family name as on Birth Certificate (or Marriage Certificate)
Mehta

Given Names: **Nena**
Given name as on Birth Certificate

Former Surname (if applicable, e.g. maiden name): **Patel**
Name before marriage

Street Address: **4 Tanka Road**

City: **Bangalore** Province: **Karnataka**

Country: **India** Postal Code: **560 000**

Area Code & Telephone Number: **91-080-1234-567**

Area Code & Fax Number: **91-080-1234-567**

Email: **nenamehta@email.com**
If possible, please supply Email Address

Date of Birth (day / month / year): **1 January 1970**

Academic Record

Include academic year and degree expected/ received:

Faculty and University	Dates From/ To	Degree(s)
Bangalore University	Sept '90 / June '96	Bach. of Pharm.
University you attended	Dates you attended University	Degree obtained

Licensing Record:

Country	Licensing Body	Date Licensed
India	Bangalore Pharm Council	September 1996
Country where you were most recently licensed	Name of Licensing Authority	

Date of expected entry into Canada: **September 2006**

Province of expected residence: **Ontario**

Declaration

I hereby declare that all the information given in this application and in all documents submitted herewith is true and accurate and that the attached photograph is a recent photograph of myself (within one year). I also declare that I am the person referred to in the documents which are being submitted in support of this application.

I understand that falsification of this application, submission of falsified documents to The Pharmacy Examining Board of Canada, (hereinafter referred to as "the Board"), or submission of falsified Board documents to other agencies may be sufficient cause for the Board to bar me from the Evaluating Examination or to take appropriate action as it sees fit.

I declare I am not now, nor ever have been, suspended by association, nor have I ever been convicted of any breach of any regulations or of any of the acts governing the practice of pharmacy engaged in the practise of pharmacy for **9** years.

I also understand that the accompanying fee cannot be refunded, except under special circumstances defined by the Board.

I hereby authorize the Board to divulge any information contained in this application to any authority who, in the opinion of the Board, has a legitimate interest in such information.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Nena Mehta
Signature of Applicant
Bangalore, India 1 March 2006
Sign name in presence of witness

Declared before me at (city and date)
Ajay Abdel Kumar Notary Public

Signature of Notary Public, Commissioner for Oaths, Lawyer or Canadian Embassy

Glue one photograph here

Glue one passport size photograph here.

Staple one additional identical photograph to the top left hand corner of the application.

Ajay Abdel Kumar

Witness places official seal or stamp here

Seal, stamp or signature of notary public, commissioner for oaths, lawyer or the Canadian Embassy must cover a portion of the photograph.

Witness signs in both places

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FEE PAID

DATE PAID

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