



COMMUNITY PHARMACY., pvt ltd

CIN no. U74999TN2016PTC111346

30/1 KUMMALAMAN KOIL STREET, TONDIARPET, CHENNAI -81

REG DATE:

NAME:

PILL NO:

*{paste your
passport size
photo}*

About...

CHANGE.... our ATTITUDE towards.... our BUSINESS, prepare ourselves to meet the challenge, to remain in business and also to grow ourselves with the growth....

CHANGE OURSELVES TO BE A PART OF THE FUTURE.

We must prepare ourselves to project our image as COMMUNITY PHARMACISTS – Improve our services to the Customers and attract them by the QUALITY OF OUR SERVICES.

We thought of the alternatives. We have to act before it is too late

And now we have a clear vision of the future trend.

We must also become A GROUP-A CHAIN-A GROUP of Professional chemists coming together under one banner

PILLBOX

COMMUNITY PHARMACY

You don't change your pharmacy name - You change nothing of your firm's way of doing business either as a proprietor or partner- But change only your style of doing business, your attitude towards the customers ,your quality of service and your image for the betterment.

PILLBOX provides you a concept...

- A concept of service
- To provide continuous education and develop the members of Community Pharmacist to serve the public and project a better image of Professional Community Pharmacists
- Information to your customers
- Mailing to your Customers, Doctors and everyone important in your neighborhood. To continuously help you to attract more customers.



REGISTRATION INTO THE BOX

1) NAME OF THE FIRM

2) ADDRESS OF THE FIRM

3) NAME OF THE
PROPRIETER /PARTNER(S) /
MANAGING DIRECTOR

3) ADDRESS OF THE
PROPRIETER /PARTNER(S) /
MANAGING DIRECTOR

4)AGE AND DATE OF BIRTH

YRS

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

5)QUALIFICATION OF
PROPERIETOR

6)CONTACT PHONE NUMBER
& MAIL ID

<input type="text"/>
<input type="text"/>

7)NAME OF THE PHARMACIST

8)ADDRESS OF THE PHARMACIST

9) PHARMACIST'S RELATION
WITH THE PROPERIETOR

10) DRUG LICENCE NUMBER AND
DATE OF ISSUE & RENEWAL UPTO

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------



ctnd....

11) PHARMACIST QUALIFICATION

12) REGISTRATION NUMBER &
RENEWAL UPTO

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

13) SQUARE FEET AREA OF THE FIRM

14) AIRCONDITION

☐

YES

☐

NO

15) GENERATOR / INVERTOR

☐

YES

☐

NO

16) COUNSELLING AREA

☐

YES

☐

NO

17) DRUG CONTROL ZONE

I	II	III	IV
---	----	-----	----

18) YEARS OF EXPERIENCE

19) WORKING HOURS

MORNING

TO

EVENING

TO

20) WEEKLY HOLIDAYS

21) NAME BOARD SIZE REQUIRED

22) ENROLLMENT IN ANY
PRIVATE HEALTH ORGANISATION.
eg-REACH (TB)

23) NUMBER OF WORKING STAFFS
IN THE FIRM

24) FIRM PREMISES OWN / RENTAL

☐

YES

☐

NO

25) ANY DISPUTE WITH THE LAND LORD

☐

YES

☐

NO



ctnd....

To become a member of **PILLBOX** - you must fulfill the following requirements:

- Must be interested in our way of doing business.
- Owner pharmacist/Full time pharmacist/partner pharmacist.
- Compulsory computer billing.
- Should follow the Drugs and Cosmetics Act. And be aware of these rules.
- Air-conditioned pharmacy with proper storage facility.
- Consumer service area – is an advantage.
- Power back up. (Generator/Inverter).
- Common Sign board.
- Uniform carry bags, covers, bill format.
- Dress code – Apron suggested.
- Must access Internet (WhatsApp,)
- Should not deal with any illegal dealings.
- Purchase should be from authorized stockists.
- Payment should be made by cheque with minimum credit days.
- Should attend the routine meeting.

Kindly submit the application form along with

- Photocopy of Name & Address proof
 - Photo copy of Drug license
 - With registration fee
-

DECLARATION

I..... have read the terms and conditions of “**PILLBOX** -Community Pharmacy PVT LTD”. I accept to the above mentioned criteria and abide by its rules .

I also understand that I may be removed from “**PILLBOX** -Community Pharmacy PVT LTD” anytime, if I am found not to satisfy the above mentioned conditions.

Seal &Signature

Place:

Date:
