

## Simplified Proforma for Services under RTS Act.

325

## Part-1

1	Name of Service	Addition of Qualification
2	Name of Department/ Service Provider (Pre-filled into the system)	Medical Education and Research- Punjab State Pharmacy Council

## Part-2

1	Name of Applicant	
2	Husband/ Father's/ Mother's Name	
3	Permanent Address	
4	Correspondence Address	
5	Correspondence Phone No.	
6	Correspondence e-mail	
7	Adhaar Card No. (Attach Copy)	

## Part-3

## Information/ Documents required specific to the service

## Information

1	Name of beneficiary, if not applicant (Adhaar card of beneficiary. Attach Copy)	
2	Relationship with applicant	
3		
4		
5		

## Documents Required

Submitted Tick (√) / Yes

1		
2		
3		
4		
5		
6		

I, hereby declare that all the information given above is true to best of my knowledge. If any information found wrong then I will be punishable as per law.

Signature of Applicant

## Acknowledgement Receipt

1.	Application Receipt No.		4.	Date by which Service to be provided	
2.	Service asked for		5.	Fees/ Facilitation Charges, if any	
3.	Date of Application		6.	Signature of authorized official	

FORM 'H'

RULE 75 (1)

APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATION

To

The Registrar,  
Punjab State Pharmacy Council,  
Medical Education Bhawan, Sec-69,  
Mohali.

Sir,

I beg to apply for the registration of the additional qualifications of \_\_\_\_\_ which I have obtained from \_\_\_\_\_ in \_\_\_\_\_. The Certificates of the Qualifications are enclosed herewith. These may be returned as soon as done with.

I am already registered under the Pharmacy Act, 1948 and my Registration no. is \_\_\_\_\_.

The Prescribed fee of Rs. \_\_\_\_\_ is sent herewith.

Yours faithfully,

(Signature of the Applicant).

**Correspondence**

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

\_\_\_\_\_

\_\_\_\_\_

**Phone No.** \_\_\_\_\_

Dated:- \_\_\_\_\_

Registration No. \_\_\_\_\_

## PUNJAB STATE PHARMACY COUNCIL

**Timings for submission of Application:- 10:00 AM to 1:00 PM & 2:00 PM to 3:00 PM**  
**REQUIREMENTS FOR 'REGISTRATION OF ADDITIONAL QUALIFICATION'**  
**IN RECORD**

(To be submitted in the office of the Registrar, Punjab State Pharmacy Council)

1. **Applicant in person** to submit application on the prescribed Form 'H' (available in the office of Punjab State Pharmacy Council). One duly attested photograph on Mat paper with plain background is to be pasted on the prescribed Form.

**Note:-** The applicant **should not be registered** with any other State Pharmacy Council.

2. **Two passport size photographs on Mat paper with plain background-** without attestation. All the three photographs- (one on 'H' Form & others two)- should be similar.
3. Original Registration Certificate (**ORC**).
4. Attested photocopy of **Matriculation Certificate** showing date of birth & DMC.
5. Original Certificate of **Detail Marks of 1<sup>st</sup> Year to Final Year** of Degree in Pharmacy alongwith two attested photocopies.
6. **The 'Degree/ Master in Pharmacy Qualification Certificate' in Original** (of which the addition is required).
7. Two attested photocopies of **Certificate of Re-appear**, if any.
8. Two attested photocopies of **Character or Provisional Certificate** (issued from the Institution from where the diploma/degree in pharmacy has been passed) indicating name of the institution/ University and session.
9. **Affidavit** (on stamp paper worth Rs.15/-) duly attested by **1<sup>st</sup> class Magistrate** alongwith **Self Declaration** on Judicial Paper (Specimen available in the office).
10. One attested photocopy of **Adhaar Card**.
11. Three copies of the **Correspondence Address** in Capital letters on plain paper.
12. **Fee:- Rs.2100/-** (2000+100)

**Note:-** All the Photostat copies should be clear, visible, legible & attested.

**Note:- INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.**

By order

REGISTRAR  
PUNJAB STATE PHARMACY COUNCIL