

Simplified Proforma for Services under RTS Act. 321**Part-1**

1	Name of Service	Registration by Transfer (Migration)
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	Form G with one photograph pasted on it & two passport size photographs without attestation	
2	10 th Certificate in Original along with two attested photocopies	
3	10+2 Certificate in Original along with two attested photocopies	
4	DMC of 1 st to Final Year of D.Pharm/B.Pharm along with two attested photocopies	
5	Two attested photocopies of Registration Card (with the concerned affiliated Board)	
6	Two attested photocopies of Practical Training (Industrial)	
7	Two attested photocopies of Character or Provisional Certificate	
8	Registration Certificate in Original (from the State from where the Migration is required) along with two attested photocopies	
9	Three Copies of Correspondence Address in Capital letters on plain paper	
10	Self Declaration (as per specimen attached)	

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	

PUNJAB STATE PHARMACY COUNCIL
FORM G
FORM OF APPLICATION FOR REGISTRATION OF PHARMACY
(Under section 32 of the Pharmacy Act,1948)
Forming Rule 73

Attested
Photograph

To

The Registrar,
Punjab State Pharmacy Council

Sir,

1. I request that my name may be registered as a Pharmacist under the Pharmacy Act, 1948 and that I may be furnished with a certificate of registration.
2. The Necessary particulars are given on the reverse of this application.
3. I enclose herewith for your perusal and return the certificates in original and their copies for record in your office.
4. I hereby declare that I have read carefully and understood the instructions and particulars supplied to me and that all entries on the reverse of this application are true to the best of my knowledge and belief.
5. I agree that I will follow all the rules of the Punjab State Pharmacy Council which may be laid down for the guidance of the registered pharmacists from time to time.

INSTRUCTIONS:-

1. All particulars of the application must be filled in by the applicant in neat legible hand.
2. The names and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered at the University or other examination.
3. Registration fee of **Rs.3100/-** in case of **Fresh Registration** and **Rs.3600/-** in case of **Migration of Registration** is to be deposited in the Bank by getting a voucher from the office. Registration fee is not be refundable whether the application for registration is accepted or rejected.
4. Under the Pharmacy Act,1948 as it stands at present only persons who have passed the Matriculation, 10+2 examination and professional qualification or their equivalent examination are eligible for registration.

PARTICULARS:-

1. **Name in full**_____
2. **Father's Name**_____
3. **Place & Date of Birth**_____

(Birth certificate to be attached)

4. **Nationality**

5. **Permanent Residential Address** along with Phone No. and E-mail address

6. **Address of the Hospital/Dispensary** or other place **in which employed** at present

7. **Years of passing Matriculation Examination** or an Examination prescribed as being equivalent to Matriculation Examination (Kindly attach original certificate with a photocopy attested)

8. **Years of passing 10+2 Examination** or an Examination prescribed as being equivalent to 10+2 Examination. (Kindly attach original certificate with a photocopy attested)

9. **Description of Qualification as Pharmacist** (Kindly attach original certificate with attested copies of each)

10. Name of the **Examining body-Board/University**

11. Name of the institution under which **training undergone**

12. **Year of passing** the Examination

13. **Name of the institution/College** from which Degree/Diploma has been obtained

Dated

Signature

PUNJAB STATE PHARMACY COUNCIL

Timing for submission of application:- 10:30 AM to 1:00P.M & 2:00 PM to 3:00 PM
REQUIREMENTS FOR “MIGRATION OF REGISTRATION” AS PHARMACIST
(To be submitted in the office of the Registrar, Punjab State Pharmacy Council)

1. **Applicant in person** to submit application on the prescribed Form ‘G’ (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 ‘G’ Form & others two)- should be similar.

3. **Matriculation Certificate** showing date of birth & DMC in original along with two attested photocopies.

4. **10+2 Certificate** in original alongwith two attested photocopies.

5. (i) **Detail Marks of 1st Year to Final Year of Diploma in pharmacy Original** (along with two attested photocopy sets) and

(ii) **Detail Marks of Final Year of Degree in pharmacy in Original** (along with two attested photocopy sets of detail marks from Ist year to Final year). **Note:-** The Institution and the passing out session should be approved by the Pharmacy Council of India & AICTE, DELHI.

6. Two attested photocopies of **Registration Card** with the concerned Board (with which the College/Institution is affiliated).

7. Two attested photocopies of **Certificate of Re-appear**, if any.

8. Two attested photocopies of **Practical Training** (Industrial).

9. 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 and session.

10. Two attested photocopies of Adhaar Card.

11. **Affidavit** (on stamp paper worth Rs.15/-) duly attested by **1st class Magistrate** alongwith **Self Declaration** on Judicial Paper (Specimen available in the office).

12. **Registration Certificate in Original** from the State Council (from where the diploma/degree in pharmacy has been passed) along with two attested photocopies of the same.

13. Three copies of the **Correspondence Address** in Capital letters on plain paper.

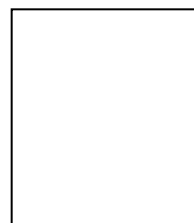
14. **Fee:- Rs. 3600/-** (3500+100)

Note:- All the Photostat copies should be clear, visible, legible & attested
INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.

By order,

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

**SPECIMEN OF SELF DECLARATION FOR MIGRATION OF REGISTRATION
To be submitted before the Registrar Punjab State Pharmacy Council**



I _____ S/o,D/o Father Sh. _____ Mother Smt. _____ R/o _____ do here by solemnly declare as under:-

1. That I have passed Matriculation Examination from (School, Place & Board Name) _____ Tehsil _____ Distt. _____ in the Year/ Session _____ and my date birth is _____

2. That I have passed 10+2 Examination from (School, Place & Board Name) _____ Tehsil _____ Distt. _____ in the Year/Session _____ and I have already completed 18 year of age.

3. That I have passed my Diploma/Degree in Pharmacy from _____ Distt. _____ State _____ in year/session _____.

4. I have undergone practical training (Industrial) in (Name of Hospital/Dispensary, Place) _____ in Tehsil _____ of Distt. _____ State _____ for _____ hours from _____ to _____ spread over a period of three months.

5. That I am registered as a pharmacist with _____ Pharmacy Council. My Registration No. is _____ dated _____ .

6. That before and after registration with the above said Pharmacy Council I was residing at the following address/addresses for the period noted against each:-

(i) **Before Registration:-**

Address/Addresses

Period of Stay

1. _____ Yr. _____ to _____

2. _____ Yr. _____ to _____

(ii) **After Registration :-**

Address/Addresses

Period of Stay

1. _____ Yr. _____ to _____

2. _____ Yr. _____ to _____

7. That I am a domicile of Punjab being permanent resident of Vill. _____ Tehsil _____ Distt. _____ in Punjab State. (Adhaar Card enclosed).

8. That I declare under oath that I have genuinely obtained all my qualifications & all my Certificates of Matric, 10+2 & Diploma/Degree attached herewith are approved from the concerned Board/University and PCI, New Delhi & are completely genuine & true . If found otherwise, I'll not claim for Registration as Pharmacist. Furthermore I shall alone be responsible for producing fake or false certificates before the Registrar & Staff, PSPC and I may be held guilty & punished for this offence not the Registrar or Staff, PSPC.

9. I undertake that my registration as Pharmacist may be cancelled if I found guilty of any offence according to the Pharmacy Act, 1948 as amended and State Pharmacy Council Rules, 1951. I agree that I will follow the Rules of Punjab Pharmacy Council which may be laid down for the guidance of registered pharmacists from time to time.

VERIFICATION

DEPONENT

I the above said deponent further declare that the above given statement is true to the best of my knowledge and belief.

Dated: - _____

DEPONENT