

**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 self 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. Self Attested photocopy of **Matriculation Certificate** showing date of birth & DMC.

5. Original Certificate of **Detail Marks of I<sup>st</sup> Year to Final Year** of Degree in Pharmacy alongwith two self attested photocopies.

6. **The 'Degree/ Master in Pharmacy Qualification Certificate' in Original** (of which the addition is required).

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

8. Two self 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. **Self Declaration** (Specimen available in the office).

10. One self attested photocopy of **Adhaar Card or DL or Passport**.

11. **Fee:- Rs.2100/-** (2000+100)

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

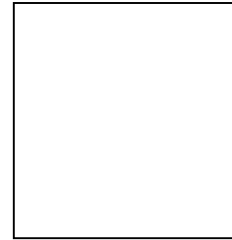
**Note:-INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.**

By order

REGISTRAR  
PUNJAB STATE PHARMACY COUNCIL

**SPECIMEN OF SELF DECLARATION FOR REGISTRATION OF 'ADDITIONAL QUALIFICATION'**

**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 been registered with the Punjab State Pharmacy Council vide Registration No. \_\_\_\_\_ on dated \_\_\_\_\_ on the basis of Diploma/ Degree in Pharmacy passed from \_\_\_\_\_  
in the year \_\_\_\_\_ .
2. That now I have passed my Degree/Master i.e. \_\_\_\_\_  
(qualification) from \_\_\_\_\_  
State \_\_\_\_\_ in the year \_\_\_\_\_ .
3. That I am applying for the Registration of my **Additional Qualification** in the record for the first time.
4. 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.

**DEPONENT**

**VERIFICATION**

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

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

**DEPONENT**