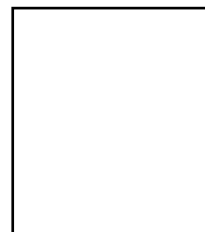


SPECIMEN OF SELF DECLARATION FOR FIRST REGISTRATION

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 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.

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

7. That I am **not registered as a pharmacist** anywhere in India with any other Pharmacy
Council. I have applied for the Registration with Punjab Pharmacy Council **for the first time**.

8. 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

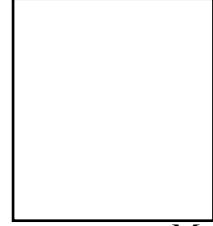
I the above said deponent further declare that the above given statement is true to
the best of my knowledge and belief.

Dated:- _____

DEPONENT

SPECIMEN OF SELF DECLARATION FOR FRESH REGISTRATION OF PHARMACIST FROM ABROAD

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 _____.

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 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.

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

7. That I **am not registered as a pharmacist** anywhere in India with any other Pharmacy Council. I have applied for the Registration with Punjab Pharmacy Council for the first time.

8. 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

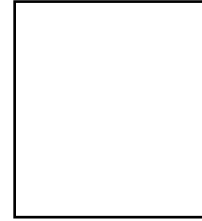
DEPONENT

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

Dated: - _____

DEPONENT

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:-

<u>Address/Addresses</u>	<u>Period of Stay</u>
1. _____	Yr. _____ to _____
2. _____	Yr. _____ to _____

(ii) After Registration :-

<u>Address/Addresses</u>	<u>Period of Stay</u>
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

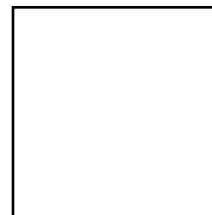
I the above said deponent further declare that the above given statement is true to the best of my knowledge and belief.

Dated: - _____

DEPONENT

**SPECIMEN OF SELF DECLARATION FOR ‘DUPLICATE REGISTRATION’
IN CASE OF LOST**

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 am a domicile of Punjab being permanent resident of Vill. _____
_____ Tehsil _____
_____ Distt. _____ in Punjab State.

2. That I have passed Matriculation Examination from (School, Place & Board Name) _____ Tehsil _____
_____ Distt. _____ in the
year/session _____.

3. 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.

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

5. I have undergone practical training (Industrial) in (Name of Hospital/Dispensary, Place) _____
_____ in Tehsil _____ of Distt. _____.

6. That I am registered with Punjab State Pharmacy Council vide Registration No. _____
dated _____.

7. That I have lost my Registration Certificate at (Specific place) _____
in city or Village _____
Distt. _____ on dated _____.

8. That I am applying for the ‘**Duplicate Registration Certificate**’ for the First/Second/third
time.

9. I undertake that I shall never retain two Certificates at one time and if I found guilty of this
offence my Registration may be cancelled straightway and if the Original Certificate is trace out
somehow I will deposit back immediately any one of the two Certificates in the office of the
Registrar, Punjab State Pharmacy Council, Medical Education Bhawan, Sec-69, Mohali by
coming personally or by registered post within a week.

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

VERIFICATION

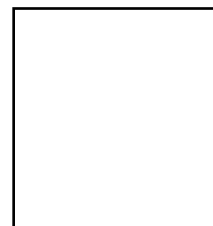
DEPONENT

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

Dated: - _____

DEPONENT

**SPECIMEN OF SELF DECLARATION FOR ‘DUPLICATE REGISTRATION’ IN
CASE OF GOOD STANDING CRTIFICATE ISSUED EARLIER
To be submitted before the Registrar Punjab State Pharmacy Council**



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

2. That I am a domicile of Punjab being permanent resident of Vill. _____
_____ Tehsil _____
_____ Distt. _____ in Punjab State.

3. That I have passed Matriculation Examination from (School, Place & Board Name) _____ Tehsil _____
_____ Distt. _____
_____ in the year/session _____ .

4. 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.

5. That I have passed my Diploma/Degree in Pharmacy from _____
_____ Distt. _____
_____ in the year/session _____ and I have undergone practical training
(Industrial) in (Name of Hospital/Dispensary, Place) _____
_____ in Tehsil _____ of Distt. _____ .

6. That I am registered with Punjab State Pharmacy Council vide Registration No. _____
dated _____ .

7. That on my request the **Good Standing Certificate was issued** in my favour for
_____ vide letter No. _____ dated
_____ after cancellation of my Original Registration Certificate.

8. That I have not migrated to _____ as of now & my permanent immigration may
only take after almost _____ year/years.

**9. That I shall not allow the misuse of the ‘Duplicate Registration Certificate’ thus issued &
will submit the same into the O/o Punjab State Pharmacy Council at Chandigarh whenever
my immigration will takes place.**

10. 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, which
may be laid down from time to time.

VERIFICATION

DEPONENT

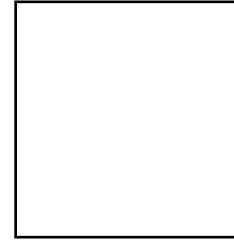
I the above said deponent further declare that the above given statement is true to
the best of my knowledge and belief.

Dated: - _____

DEPONENT

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