

Simplified **Performa** for **Services** under **RTS Act.****320**

## Part-1

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

## Part-2

	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

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

**PUNJAB STATE PHARMACY COUNCIL**

FORM G

**FORM OF APPLICATION FOR REGISTRATION OF PHARMACY** Photograph

(Under section 32 of the Pharmacy Act,1948)

Forming Rule 73

attested by  
Gazetted officer

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.4100/- (4000+100)** in case of **Fresh Registration of D.Pharm (from Pb. itself, Rs.4600/- (4500+100))** in case of **Fresh Registration of B.Pharm (from Pb. itself), Rs.5600/- (5500+100)** in case of Migration of Registration (from **Other States) and Rs.5600/- (5500+100)** in case of **Fresh Registration** for Diploma/Degree from other States 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 the 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  

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5. Permanent Residential Address along with Phone to. and E-mail address  

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

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

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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)  

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

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10. Name of the Examining Body-Board/University  

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11. Name of the institution under which training undergone  

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12. Year of passing the Examination  

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

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Dated

Signature

**PUNJAB STATE PHARMACY COUNCIL**

**Timing for submission of application: - 10:00 AM to 1:00 PM & 2:00 PM to 3:00 PM**

**REQUIREMENTS FOR “First REGISTRATION AS PHARMACIST” on the basis of Degree/ Diploma in Pharmacy**

(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 the prescribed Form.

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

2. **Four passport size photographs on Mat paper with date with white background (70% face)** - 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 along with two attested photocopies.

5. (i) **Detail Marks of 1<sup>st</sup> Year to Final Year of Diploma in pharmacy Original & Two Photocopies of Diploma Certificate (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 1<sup>st</sup> 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 and voter card/Passport/Driving License.

11. **Affidavit** (on stamp paper worth Rs.15/-) duly attested by **1<sup>st</sup> class Magistrate** along with **Self Declaration** on Judicial Paper /Notary/Oath Commission (Specimen available in the office).

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

13. **Fee:(i) Rs.4100/-** (4000+100) for Candidates who have done their diploma from within **Punjab State**.

**(ii)Rs.4600/-**(4500+100) for Candidates who have done their degree from within **Punjab State**

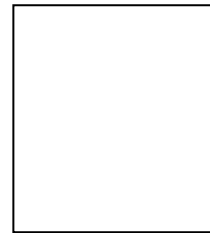
**Note: -All the Photostat copies should be clear, visible, legible& attested.**

**INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.**

By order,

REGISTRAR  
PUNJAB STATE PHARMACY COUNCIL

**SPECIMEN OF SELF DECLARATION FOR 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 residence 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**

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

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

**DEPONENT**

**DEPONENT**

**PUNJAB STATE PHARMACY COUNCIL**

**Timing for submission of application: - 10:00 AM to 1:00 PM & 2:00 PM to 3:00 PM**

**REQUIREMENTS FOR “First REGISTRATION AS PHARMACIST” (DOMICILES OF OTHER STATES) on the basis of Degree/ Diploma in Pharmacy**

(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. **Four passport size photographs on Mat paper with date with white background (70% face)** - 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 along with two attested photocopies.

5. (i) **Detail Marks of 1<sup>st</sup> Year to Final Year of Diploma in pharmacy Original** & Two Photocopies of Diploma Certificate (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 I<sup>st</sup> 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 and voter card/Passport/Driving License.

11. **Affidavit** (on stamp paper worth Rs.15/-) duly attested by **1<sup>st</sup> class Magistrate** along with **Self Declaration** on Judicial Paper/Notary/Oath Commission (Specimen available in the office).

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

13. **Fee:- Rs.5600/-**(5500+100) for Candidates who have done their diploma/degree from **other States** .

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

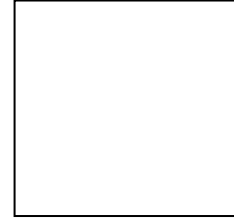
**INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.**

By order,

REGISTRAR  
PUNJAB STATE PHARMACY COUNCIL

SPECIMEN OF SELF DECLARATION FIRST REGISTRATION FOR **DOMICILES OF OTHER STATES**

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 resident of \_\_\_\_\_ being permanent resident of Vill.  
\_\_\_\_\_ Tehsil \_\_\_\_\_ Distt. \_\_\_\_\_ in  
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. After getting my name registered with Punjab State Pharmacy Council, I will get my registration transferred to \_\_\_\_\_ Pharmacy Council.

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**

PUNJAB STATE PHARMACY COUNCIL

**Timing for submission of application: - 10:00 AM to 1:00 PM & 2:00 PM to 3:00 PM**  
**REQUIREMENTS FOR “FIRST REGISTRATION AS PHARMACIST FROM ABROAD”**

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

1. The application should apply from his residence place with the duly attested photograph on Mat Paper with plain background is to be pasted on the prescribed ‘Form G’ supplied by the Council.

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

2. **Four passport size photographs on Mat paper with date with white background (70% face)** -without attestation. All the three photographs-(one on ‘G’ Form & others two)-should be similar.

3. **Life Certificate** with photograph duly issued by the ‘Consulate General of India’ of that country .

4. The Applicant should **authorize someone on his behalf** to represent him in (the office of the) Council by attesting his signature with complete particulars.

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

6. **10+2 Certificate** in original along with two attested photocopies.

7. (i) **Detail Marks of 1<sup>st</sup> Year to Final Year of Diploma in pharmacy Original** & Two Photocopies of Diploma Certificate (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 I<sup>st</sup> year to Final year). **Note:-** The Institution and the passing out session should be approved by the Pharmacy Council of India & AICTE, DELHI.

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

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

10. Two attested photocopies of **Character or Provisional Certificate** (issued from Institution from where the diploma/degree in pharmacy has been obtained) indicating name of Institution and Session.

11. Two attested photocopies of Adhaar Card and voter card/Passport/Driving Licence.

12. **Affidavit** (on stamp paper worth Rs.15/-) duly attested by **1<sup>st</sup> class Magistrate** along with **Self Declaration** on Judicial Paper/Notary/Oath Commission (Specimen available in the office).

13. **Registration Certificate in original** from the State Council from where the Diploma/ Degree has been passed along with two attested photocopies of the same. **(In case of Migration only).**

14. Three Copies of the **Correspondence address** in Capital letters on plain paper.

15. **Fee:-** (i) **Rs.4100/-** (4000+100) (For those who have passed diploma in pharmacy from Punjab State)

(ii) **Rs.4600/-** (4500+100) (For those who have passed degree in pharmacy from Punjab State)

(iii) **Rs.5600/-**(5500+100) (For those who have passed diploma/degree in pharmacy from States other than Punjab)

Note:- (01) The Institution and the passing out Session should be approved by the Pharmacy Council of India & India & AICTE, Delhi.

(02) The attesting authority for all purposes stated above must be of the Country where the applicant resides.

**INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.**

By order

REGISTRAR



PUNJAB STATE PHARMACY COUNCIL

**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 resident 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  
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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**