

Part-1

1	Name of Service	Registration by Transfer (Migration)
2	Name of Department/ Service Provider (Pre-registered 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)	

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		

Documents Required

Submitted Tick (I) / Yes

1		
2		
3		
5		
6		

I hereby declare that all the information given above is true to best of my knowledge. If any information found

- 0.8 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 REGISTRATI ON OF PHARMACY

(Under section 32 of the Pharmacy Act,1948)

Forming Rule 73

Photograph
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.

-
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. 10100/-(10000+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,1 948 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.

PA RTIC ULARS: -

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:- 10:00 AM to 1:00 PM & 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. **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 alongwith two attested photocopies.

5. (i) **Detail Marks of 1st 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 1st 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/Driving License/Passport.

11. **Affidavit** (on stamp paper worth Rs.15/-) duly attested by **1st class Magistrate** along with **Self Declaration** on Judicial Paper/Notary/Oath Commission (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. 10,000/-** (10,000+100)

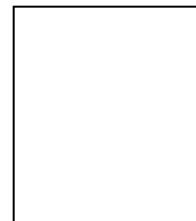
Note:- All the Photostat copies should be clear, visible, legible & attested
INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.

By order,

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

Sr.No.04
+ (Affidavit/Self Declaration)

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 residence 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