

**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 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. **Five passport size photographs on Mat paper with plain background-** without attestation. All the Five photographs- (one on ‘G’ Form & others four)- should be similar.

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

4. **10+2 Certificate** in original along with two self attested photocopies.

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

(ii) **Detail Marks of Final Year of Degree in pharmacy in Original** (along with two self 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 self attested photocopies of **Certificate of Re-appear**, if any.

7. Two self attested photocopies of **Practical Training** (Industrial).

8. Two self attested photocopies of **Character or Provisional Certificate or Degree** (issued from the Institution from where the diploma/degree in pharmacy has been passed) indicating name of the institution and session.

9. Two self attested photocopies of **Adhaar Card or DL or Passport**.

10. **Self Declaration** (Specimen available in the office).

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

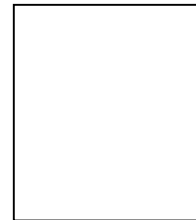
12. **Fee:- Rs. 10,000/-** (10,000+100)

**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

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**