

- 3) The rules, regulations, instructions, manuals & records-
used by its employees for discharging its functions

REQUIREMENT PERFORMAS

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02.	For <u>First Registration</u> + <u>Affidavit Specimen</u> (For Domicile of other States)	3,4
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06.	For <u>Restoration</u> & <u>Renewal</u> of Registration	10
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The detail of each performa is enclosed.

PUNJAB STATE PHARMACY COUNCIL

Timing for submission of application: - 10:30 -1:00P.M

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 & stamped photograph (by any Gazetted Officer) is to be pasted on the prescribed Form. The signatures and seal of the attesting authority **should cover the both** – photograph and the ‘G’ Form.

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

2. **Two passport size photographs-** without attestation. All the three photographs- (one on ‘G’ Form & others two)- should be similar.

3. **Matriculation Certificate** (showing date of birth) in original alongwith two attested photocopies.

4. **10+2 Certificate** in original alongwith two attested photocopies.

5. **Detail Marks of 1st Year to Final Year of Diploma /Degree in pharmacy in Original** (alongwith two attested photocopy sets). **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** (i.e Appendix Form).

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. Original **Domicile Certificate** of Punjab State issued within last three years alongwith two attested photocopies.

11. **Affidavit** (on stamp paper worth Rs.15/-) duly attested by **1st class Magistrate**. (Specimen available in the office).

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

13. **Fee: (i) Rs. 2000/-** for Candidates who have done their degree or diploma from within **Punjab State**.

(i) Rs.2500/- for Candidates who have done their degree from **other States & UT’S**.

Note:- All the Photostat copies should be attested by any Gazetted Officer.

(Fee has to be deposited in Bank of Baroda, Sector-34-A, Ext. Counter, Chandigarh in Cash by getting a Voucher from the office).

INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.

By order,

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

SPECIMEN OF AFFIDAVIT FOR FIRST REGISTRATION

**To be submitted before the Registrar Punjab State Pharmacy Council On
Affidavit worth Rs.15/- (Attested by 1” Class Executive Magistrate)**

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 _____ and I have already completed 18 year of age.

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

3. I have undergone practical training in (Name of Hospital/Dispensary, Place)
_____ in Tehsil _____ of Distt.
_____ State _____ for _____ hours from _____ to _____ spread
over a period of three months.

4. 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.

5. That I am a domicile of Punjab being permanent resident of Vill.
_____ Tehsil _____ Distt. _____ in Punjab State. A
domicile certificate to this effect has been issued by SDM/Tehsildaar.

6. 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**.

7. 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: - 10:30 -1:00P.M****REQUIREMENTS FOR "First REGISTRATION AS PHARMACIST" on the basis of Degree/ Diploma in Pharmacy****(DOMICILES OF OTHER STATES)**

(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 & stamped photograph (by any Gazetted Officer) is to be pasted on the prescribed Form. The signatures and seal of the attesting authority **should cover the both** – photograph and the 'G' Form.

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

2. **Two passport size photographs-** without attestation. All the three photographs- (one on 'G' Form & others two)- should be similar.

3. **Matriculation Certificate** (showing date of birth) in Original alongwith two attested photocopies.

4. **10+2 Certificate** in original alongwith two attested photocopies.

5. **Detail Marks of 1st Year to Final Year of Diploma /Degree in pharmacy in Original** (alongwith two attested photocopy sets). **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** (i.e Appendix Form).

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. Original **Domicile Certificate** of Punjab State issued within last three years alongwith two attested photocopies.

11. **Affidavit** (on stamp paper worth Rs.15/-) duly attested by **1st class Magistrate**. (Specimen available in the office).

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

13. **Fee: (i) Rs. 2000/-** for Candidates who have done their degree or diploma from within **Punjab State**.

(ii) Rs.2500/- for Candidates who have done their degree from **other States & UT'S**.

Note:- All the Photostat copies should be attested by any Gazetted Officer.

(Fee has to be deposited in Bank of Baroda, Sector-34-A, Ext. Counter, Chandigarh in Cash by getting a Voucher from the office).

INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.

By order,

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

SPECIMEN OF AFFIDAVIT FIRST REGISTRATION FOR DOMICILES OF OTHER STATES

To be submitted before the Registrar Punjab State Pharmacy Council
On Affidavit worth Rs.15/- (Attested by 1” Class Executive Magistrate)

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 _____ and I have already completed 18 year of
age.

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

3. I have undergone practical training in (Name of Hospital/Dispensary,Place)
_____ in Tehsil _____ of
Distt _____ State _____ for _____
hours from _____ to _____ spread over a period of three months.

4. 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.

5. That I am a domicile of Punjab being permanent resident of Vill.
_____ Tehsil _____ Distt. _____ in
Punjab State. A domicile certificate to this effect has been issued by
SDM/Tehsildaar.

6. 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**.

7. After getting my name registered with Punjab State Pharmacy Council, I will
get my registration transferred to _____ Pharmacy Council.

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

PUNJAB STATE PHARMACY COUNCIL**Timing for submission of application: - 10:30 -1:00P.M****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 & stamped photograph (by any Gazetted Officer) is to be pasted on the prescribed Form. The signatures and seal of the attesting authority **should cover the both** – photograph and the 'G' Form.

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

2. **Two passport size photographs-** without attestation. All the three photographs- (one on 'G' Form & others two)- should be similar.

3. **Matriculation Certificate** (showing date of birth) in original alongwith two attested photocopies.

4. **10+2 Certificate** in original alongwith two attested photocopies.

5. **Detail Marks of 1st Year to Final Year of Diploma /Degree in pharmacy in Original** (alongwith two attested photocopy sets). **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** (i.e Appendix Form)

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. Original **Domicile Certificate** of Punjab State issued within last three years alongwith two attested photocopies.

11. **Affidavit** (on stamp paper worth Rs.15/-) duly attested by **1st class Magistrate**.(Specimen available in the office).

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

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

14. **Fee:- Rs. 2500/-**

Note:- All the Photostat copies should be attested by any Gazetted Officer.

(Fee has to be deposited in Bank of Baroda, Sector-34-A, Ext. Counter, Chandigarh in Cash by getting a Voucher from the office).

INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.

By order,

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

SPECIMEN OF AFFIDAVIT FOR MIGRATION OF REGISTRATION

**To be submitted before the Registrar Punjab State Pharmacy Council On
Affidavit worth Rs.15/- (Attested by 1” Class Executive Magistrate)**

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 _____ and I have already completed 18 year of
age.

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

3. I have undergone practical training in (Name of Hospital/Dispensary,Place) _____
_____ in Tehsil _____
of Distt _____ State _____ for _____ hours from
_____ to _____ spread over a period of three months.

4. 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.

5. That I am a domicile of Punjab being permanent resident of Vill. _____
_____ Tehsil _____ Distt. _____ in
Punjab State. A domicile certificate to this effect has been issued by SDM/
Tehsildaar.

6. That I am registered as a pharmacist with _____ Pharmacy
Council. My Registration No. is _____ dated _____ .

7. 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: 10:30A.M - 1:00 P.M****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 and stamped photograph on the prescribed 'Form G' supplied by the Council. The signatures and seal of the attesting authority **should cover the both** – photograph and the 'G' Form. Note:- The applicant should not be registered with any other State Pharmacy Council.
2. Two **photographs**-without attestation. All the three photographs-(one on 'G' Form & others two)- should be similar.
3. **Life Certificate** duly issued by the 'Consulate General of India' of that country on which a duly attested and stamped photograph should be affixed.
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. The applicant must **submit an affidavit** on the basis of specimen given by the office from his residing place while the person representing him will submit affidavit within the country itself on the same Performa. Note:- The Institution and the passing out Session should be approved by the Pharmacy Council of India & India & AICTE, Delhi.
6. **Matriculation Certificate** (showing date of birth) in original alongwith two attested photocopies.
7. **10+2 Certificate** in original alongwith two attested photocopies.
8. **Detail Marks of 1st Year to Final Year** of Diploma/Degree in pharmacy in original alongwith two attested photocopy sets of each.
9. Two attested photocopies of **Registration Card** with the concerned Board (with which the College/Institution is affiliated).
10. Two attested photocopies of **Practical Training** (i.e Appendix Form).
11. 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.
12. Original **Domicile Certificate** of Punjab State issued within last three years alongwith two attested photocopies.
13. **Affidavit** duly attested by **1st Class Magistrate**. (Specimen available in the office)
14. **Registration Certificate in original** from the State Council from where the diploma/degree has been passed alongwith two attested photocopies of the same.**(In case of Migration only)**
15. Three Copies of the **Correspondence address** in Capital letters on plain paper.
16. **Fee:- (i) Rs.2000/-** (For those who have passed diploma/degree in pharmacy from Punjab State).
- (ii) **Rs.2500 /-** (For those who have passed diploma/degree in pharmacy from States other than Punjab.)

Fee has to be deposited in Bank of Baroda, Sector-34-A,Ext. Counter, Chandigarh in Cash by getting a Voucher from the office.)

Note:- 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 AFFIDAVIT FOR FRESH REGISTRATION OF PHARMACIST FROM ABROAD

To be submitted before the Registrar Punjab State Pharmacy Council On Affidavit worth Rs.15/- (Attested by 1” Class Executive Magistrate)

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 _____ and I have already completed 18 year of age.

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

3. I have undergone practical training in (Name of Hospital/ Dispensary, Place) _____
in Tehsil _____
of Distt _____ State _____ for _____ hours from _____
to _____ spread over a period of three months.

4. 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.

5. That I am a domicile of Punjab being permanent resident of Vill. _____
Tehsil _____ Distt. _____ in Punjab State. A domicile certificate to this effect has been issued by SDM/Tehsildaar.

6. 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.

7. 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: - 10:30 -1:00P.M

REQUIREMENTS FOR '**RENEWAL**' OF REGISTRATION

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

1. **Application** on the prescribed 'Renewal Form' available in the office of Punjab State Pharmacy Council.
2. Original Registration Certificate (**ORC**) alongwith one attested photocopy.
3. **Three similar passport size photographs** (One should be attested from any Gazetted Officer).
4. One attested photocopy of **Domicile Certificate** (issued within last three years)/**Residence Certificate**- in case of Change of Address.
5. Three Copies of the **Correspondence Address** in Capital letters on plain paper.
6. Fee:- Rs.250/-

(Fee has to be deposited in Bank of Baroda, Sector-34-a, Ext. Counter Chandigarh **in Cash** by getting a Voucher from the office or through **Bank-draft** payable at Chandigarh in favour of 'Punjab State Pharmacy Council'.

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

By order

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

PUNJAB STATE PHARMACY COUNCIL

Timings for submission of application: - 10:30 -1:00P.M

REQUIREMENTS FOR 'RESTORATION & RENEWAL' OF REGISTRATION

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

1. **'L Form'** (can be obtained from the office) filled by the applicant with duly attested and stamped photograph affixed on it.
2. One **photograph**-without attestation. All the two photographs-(one on 'L' Form & other one)- should be similar
3. Any one of the registered pharmacists of the State will give his witness on the 'L Form'. This form should also be **recommended by the Area Member of the Council.**
4. Original Registration Certificate (**ORC**) alongwith one attested photocopy.
 1. One attested photocopy of **Domicile Certificate** (issued within last three years)/**Residence Certificate**- in case of Change of Address.
 2. Three Copies of the **Correspondence Address** in Capital letters on plain paper.
 3. The **required fee** (will be calculated according to the last renewal).

(Fee has to be deposited in Bank of Baroda, Sector-34-A, Ext. Counter Chandigarh **in Cash** by getting a Voucher from the office or through **Bank-Draft** payable at Chandigarh in favour of Punjab State Pharmacy Council.

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

By order

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

PUNJAB STATE PHARMACY COUNCIL

Timing for submission of application: - 10:30 -1:00P.M

(A) REQUIREMENTS FOR '**DUPLICATE REGISTRATION CERTIFICATE**'
(DRC) IN CASE OF LOST ORIGINAL REGISTRATION CERTIFICATE
(ORC)

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

1. Application in person.

2.**Application** for Duplicate Certificate of Registration should be on simple paper with duly attested and stamped photograph affixed on it. The signatures and seal of the attesting authority **should cover the both** – photograph and the application. It **should also be recommended** by the Area Member of the Council.

3.Two **photographs**-without attestation. All the three photographs-(one on 'application' & others two)- should be similar.

4.**Affidavit** duly attested by **1st Class Magistrate** stating all details/reasons for issue of Duplicate certificate (Date of birth should also be mentioned.)

5.**F.I.R** regarding loss of Original Registration Certificate (ORC).

6.Attested photocopy of **Matriculation Certificate** (showing date of birth).

7.Attested photocopy of **10+2 Certificate** .

8.Attested photocopies of **Details Marks of 1st Year to Final Year** of Diploma/Degree in pharmacy.

9.Attested photocopy of **Original Registration Certificate** (if available).

10. Original **Domicile Certificate** (issued within last three years) alongwith one attested photocopy/**Residence Certificate**- in case of Change of Address.

11.Three Copies of the **Correspondence Address** in Capital letters on simple paper.

12.The **required fee** for:-

1st time Rs. 2000/-

2nd time Rs 5000/-

3rd time Rs. 7000/-

Note:- All the Photostat copies should be attested by any Gazetted Officer.

(Fee has to be deposited in Bank Of Baroda, Sector-34-A, Ext. Counter, Chandigarh in **Cash** by getting a Voucher from the office).

Note:- In case the application has to be submitted for Restoration, Renewal and for Issuance of DRC, Form 'L'(available in the office) duly recommended by the Area Member should also be filled alongwith the above document.

INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.

By order

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

SPECIMEN OF AFFIDAVIT FOR ‘DUPLICATE REGISTRATION’ IN CASE OF LOST

**To be submitted before the Registrar Punjab State Pharmacy Council
On Affidavit worth Rs.15/- (Attested by 1” Class Executive Magistrate)**

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 _____
and my date of birth is _____.

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

I have undergone practical training in (name of Hospital/Dispensary,
place) _____ in Tehsil _____ of Distt. _____.

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

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

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

7. 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, Parivar Kalyan Bhawan, Sec-34/A, Chandigarh by coming personally or
by registered post within a week.

8. 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

DEPONEN

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

Timings for submission of Application: 10:30 – 1:00 P.M.

(B) REQUIREMENTS FOR **'DUPLICATE REGISTRATION CERTIFICATE'** (DRC) IN CASE OF SUBMISSION OF **SPOILED/ MUTILATED/ ILLEGIBLE** ORIGINAL REGISTRATION CERTIFICATE (ORC)

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

1. **Applicant in person.**
2. **Application** for Duplicate Certificate of Registration should be on simple paper with duly attested and stamped photograph affixed on it. The signatures and seal of the attesting authority **should cover the both** – photograph and the application.
3. Two **photographs**-without attestation. All the three photographs-(one on 'application' & others two)- should be similar
4. Spoiled/ mutilated/ illegible Original Registration Certificate (**ORC**).
5. **Attested photocopy of (ORC)** Original Registration Certificate.
6. Original **Domicile Certificate** (issued within last three years) alongwith one attested photocopy /**Residence Certificate**- in case of Change of Address.
7. Three Copies of the **Correspondence Address** in Capital letters on simple paper.
8. **Fee :- Rs.1500/-**

Note:- All the Photostat copies should be attested by any Gazetted Officer.
(Fees has to be deposited in Bank of Baroda, Sector 34 A, Ext. Counter Chandigarh in **Cash** by getting a voucher from the office)

NOTE:- In case the application has to be submitted for Restoration, Renewal and for Issuance of DRC, Form 'L' (available in the office) duly recommended by the Area Member should also be filled alongwith the above documents.

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

By order

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

PUNJAB STATE PHARMACY COUNCIL

Timings for submission of Application: 10:30 – 1:00 P.M.

REQUIREMENTS FOR **'GOOD STANDING CERTIFICATE'** (GSC) FOR ABROAD

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

1. **Application** from applicant **from his residence place** with the duly attested and stamped photograph affixed on it. The signatures and seal of the attesting authority **should cover the both photograph and application.**
2. One **photograph**-without attestation. All the two photographs-(one on application & other one)- should be similar.
3. The applicant should **authorize** someone on his behalf to represent him in the office by attesting his signatures with complete particulars.
4. Original Registration Certificate (**ORC**).
5. **Attested photocopy of (ORC)** Original Registration Certificate.
6. **Requisition of the Institution** asking for Good Standing Certificate.
7. (i) One duly **stamped envelope** (Size-9X4") **addressed to the applicant** alongwith its photocopy.
(ii) One duly **stamped envelope** (Size-9X4") **addressed to the Institution** concerned alongwith its photocopy.
8. **Fee:- Rs.5500/-**

Note:-For applicants residing abroad the attesting authority for all purposes stated above must be of that country.

(Fees has to be deposited in Bank of Baroda, Sector 34-A, Ext. Counter, Chandigarh in Cash by getting a Voucher from the office.)

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

By order

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

PUNJAB STATE PHARMACY COUNCIL

Timings for submission of Application: 10:30 – 1:00 P.M.

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 attested & stamped photograph (by any Gazetted Officer) is to be pasted on the prescribed Form. The signatures and seal of the attesting authority **should cover the both** – photograph and the 'H' Form.

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

2. **Two passport size photographs-** without attestation. All the three photographs- (one on 'H' Form & others two)- should be similar.

3. Original Registration Certificate (**ORC**).

4. Attested photocopy of **Matriculation Certificate** (showing date of birth).

5. Original Certificate of **Detail Marks of Ist Year to Final Year** of Degree in Pharmacy alongwith two attested photocopies.

6. **The 'Degree Certificate' in Original** alongwith its two attested photocopies.

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

8. 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/ University and session.

9. **Affidavit** (on stamp paper worth Rs.15/-) duly attested by **1st Class Magistrate**. (Specimen available in the office).

10. Original **Domicile Certificate** (issued within last three years) alongwith one attested photocopy/**Residence Certificate-** in case of Change of Address.

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

12. **Fee:- Rs.700/-**

Note:- All the Photostat copies should be attested by any Gazetted Officer.

(Fees has to be deposited in Bank of Baroda, Sector 34-A, Ext. Counter, Chandigarh in Cash by getting a Voucher from the office.)

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

By order

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

SPECIMEN OF AFFIDAFIT

FOR REGISTTRATION OF 'ADDITIONAL QUALIFICATION'

To be submitted before the Registrar Punjab State Pharmacy Council
On Affidavit worth Rs. 15/- (Attested by 1st Class Executive Magistrate)

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 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

PUNJAB STATE PHARMACY COUNCIL**Timing for submission of application: - 10:30 A.M. -1:00 P.M**

REQUIREMENTS FOR '**DIRECT REGISTRATION AS PHARMACIST**' on the basis of Degree/Diploma in Pharmacy from **Armed Forces Medical College,Pune.**
(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 & stamped photograph (by any Gazetted Officer) is to be pasted on the prescribed Form. The signatures and seal of the attesting authority **should cover the both** – photograph and the 'G' Form.
Note:- The applicant **should not be registered** with any other State Pharmacy Council.
2. **Two passport size photographs-** without attestation. All the three photographs- (one on 'G' Form & others two)- should be similar.
3. **Matriculation Certificate** (Showing Date of Birth) in original alongwith two attested photocopies.
4. **Detail Marks of Ist Year to Final Year of Diploma/Degree in Pharmacy in original** (alongwith two attested photocopy sets). **Note:** The Institution and the passing out Session should be approved by the Pharmacy Council of India & AICTE, Delhi.
5. Two attested photocopies of **Certificate of Re-appear**, if any.
6. Two attested photocopies of **Practical Training** (i.e. Appendix Form).
7. 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.
8. **10+2 Certificate** in original alongwith two attested photocopies.
9. Original **Domicile Certificate** of Punjab State issued within last three years alongwith two attested photocopies or **proof of nativity of Punjab State.**
10. **Affidavit** (on stamp paper worth Rs.15/-) duly attested by **1st Class Magistrate.**(Specimen available in the office).
11. Three copies of the **Correspondence Address** in Capital on Plain paper.
12. **Fee:- Rs.2000/-**

Note:- All the Photostat copies should be attested by any Gazetted Officer.

(Fee has to be deposited in Bank of Baroda,Sector-34-A, Ext. Counter,Chandigarh in **Cash** by getting a Voucher from the office).

INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.

By order

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

SPECIMEN OF AFFIDAVIT FOR DIRECT REGISTRATION FROM AFMC,PUNE .

To be submitted before the Registrar Punjab State Pharmacy Council on Affidavit worth Rs.15/- (Attested by 1” Class Executive Magistrate)

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 _____ and I have already completed 18 years of age.

2. That I have passed my Diploma/Degree in Pharmacy from Armed Forces Medical College, Distt. Pune, State Maharashtra in year/session _____.

3. I have undergone practical training in (Name of Hospital/Dispensary, Place) _____ in Tehsil _____ of Distt. _____ State _____ for _____ hours from _____ to _____ spread over a period of three months.

4. 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.

5. That I am a domicile of Punjab being permanent resident of Vill. _____ Tehsil _____ Distt. _____ in Punjab State. A domicile certificate to this effect has been issued by SDM/Tehsildaar.

6. 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.

7. 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: - 10:30 -1:00P.M

(C) REQUIREMENTS FOR '**DUPLICATE REGISTRATION CERTIFICATE**'
(DRC) IN CASE OF GOOD STANDING CERTIFICATE ISSUED EARLIER

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

1. **Applicant in person.**
2. **Application for Duplicate of Registration** should be on simple paper regarding the period of his visit in Foreign & detail of return in India with duly attested and stamped photograph affixed on it. The signatures and seal of the attesting authority **should cover the both**– photograph and the application. It should also be recommended by the **Area Member of the Council.**
3. Affidavit duly attested by **Ist Class Magistrate** stating all detail/reasons for issue of Duplicate Good Standing Certificate.(Date of birth should also be mentioned).
4. **Three similar passport size photographs:-**
 - i) One attested from front side by any Gazetted Officer.
 - ii) Two (without attestation).
5. Two attested photocopies of **Matriculation Certificate** (Showing date of birth).
6. Two attested photocopies of **Detail Marks of Ist Year to Final Year** of Diploma/Degree in Pharmacy.
7. Two attested photocopies of **Original Registration Certificate** (if available).
8. Original **Domicile Certificate** of Punjab State issued within last three years alongwith two attested photocopies/ **Residence Certificate**- in case of Change of Address.
9. Three copies of the correspondence address in Capital on simple paper
10. **Fee:- Rs.2000/-**

Note:- All the Photostat copies should be attested by any Gazetted Officer.

(Fee has to be deposited in Bank of Baroda, Sector-34-A, Ext. Counter, Chandigarh in **Cash** by getting a Voucher from the office).

Note:- In case the application has to be submitted for Restoration, Renewal and for Issuance of DRC, Form 'L'(available in the office) duly recommended by the Area Member should also be filled alongwith the above documents.

INCOMPLETE CASE WILL NOT BE RECEIVED BY THE OFFICE.

By order

REGISTRAR
PUNJAB STATE PHARMACY COUNCIL

**SPECIMEN OF AFFIDAVIT FOR ‘DUPLICATE REGISTRATION’ IN
CASE OF GOOD STANDING CRTIFICATE ISSUED EARLIER**

**To be submitted before the Registrar Punjab State Pharmacy Council
On Affidavit worth Rs.15/- (Attested by 1” Class Executive Magistrate)**

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 _____
and my date of birth is _____.

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

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

6 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.

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

**8.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.**

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, 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

FORMS

PUNJAB STATE PHARMACY COUNCIL

FORM G

FORM OF APPLICATION FOR REGISTRATION 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.

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.2000/-** in case of **Fresh Registration** and **Rs.2500/-** in case of **Migration of Registration** 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 their 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**

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

FORM 'H'

RULE 75 (1)

APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATION

To

The Registrar,
Punjab State Pharmacy Council,
Parivar Kalyan Bhawan, Sec-34-A,
Chandigarh.

Sir,

I beg to apply for the registration of the additional qualifications of _____ which I have obtained form _____ in _____. The Certificates of the Qualifications are enclosed herewith. These may be returned as soon as done with.

I am already registered under the Pharmacy Act, 1948 and my Registration no. is _____.

The Prescribed fee of Rs. _____ is sent herewith.

Yours faithfully,

(Signature of the Applicant).

Correspondence

Address: _____

Phone No. _____

Dated:- _____

Registration No. _____

Form-“L”

**Application for re-entry in the Register of Pharmacists of his/her
name removed under Section 34(2)**

To

The Registrar,
Punjab State Pharmacy Council,
Parivar Kalyan Bhawan,
Sector-34-A, Chandigarh.

Photograph
attested by
Gazetted officer

Sir,

I, the undersigned (a)_____ holding the qualifications of (b)_____ do solemnly and sincerely declare the following:-

In the year (c) _____ my name was duly registered in the register in respect of the following qualification, viz, (d)_____ and on the date of erasure of my name, I was registered in respect of the following additional qualifications, viz, (e)_____. The Registrar removed my name from the Register on (f)_____ for default in payment of renewal fee. Since the renewal of my name from the Register, I have been residing at (g)_____ and my occupation has been (h)_____. It is my intention if my name is restored in the Register to (i) .

Declare at:_____ On _____

Witness (i)_____ Regn. No. _____

Signature _____

Address _____

Yours faithfully

(Signature)

(a) Insert full name

(b) Insert qualification

(c) Insert date of Registration

(d) Insert qualifications

(e) Insert additional qualifications

(f) Insert date of removal

(g) State address

(h) Give particulars

(i) Insert particulars as to purposed future profession

(j) A registered Pharmacist

Correspondence

Address: _____

Phone No. _____

Registration No. _____

Form of application for Renewal of Registration

To

The Registrar,
Punjab State Pharmacy Council
Parivar Kalyan Bhawan,
Sector-34-A, Chandigarh.

Photograph
attested by
Gazetted officer

Subject:- Renewal of Registration No. _____ dated _____

Sir,

On the subject noted above I submit as following :-

A)

- i) **Three photographs**:-one attested passport size photograph affixed on the form and two photographs are enclosed separately.
- ii) **Registration Certificate in original** along one attested photocopy.
- iii) **Fee for Renewal** Rs. _____ .
- iv) One attested photocopy of **Domicile Certificate** (issued within last three years)/**Residence Certificate**- in case of Change of Address.

B) Particulars:-

i) Name & Address : _____

ii) Registration No. & Date : _____

iii) Valid upto: _____

iv) Permanent Address: _____

v) Professional Address: _____

I understand that if a Chemist Shop is opened on my Registration Certificate, I will be physically present there.

Sir, you are kindly requested to Renew my Registration Certificate.

Thanking you,

Yours faithfully,

(Signature)

Name: _____

Correspondence

Address: _____

Phone No. _____

Dated:- _____

Registration No. _____