

HARYANA STATE PHARMACY COUNCIL, PANCHKULA

DOCUMENTS REQUIRED FOR CHANGE OF RESIDENTIAL ADDRESS IN REGISTRATION CERTIFICATE

- A. File Cover of Card Board with tag.
- B. Prescribed Application Form duly filled alongwith attested latest photograph of the candidate.
- C. Prescribed Fee Rs.1000/- deposited in any of the Punjab National Bank Branches through challan generated online at the time of filling online application for Change of Residential Address in Registration Certificate.
- D. Original Affidavit on non-judicial stamp paper of Rs. 10/- duly attested by Notary Public **OR** 1st Class Magistrate (downloaded from www.hspc.in).
- E. Copy of Ration Card (first & its back side) showing name & address of applicant **OR** Voter I-Card, Adhar Card, Passport, Haryana Domicile will be accepted as residence proof.
- F. Letter from Municipal Councilor/Sarpanch, certifying that the candidate is residing at the address which he/she would like to mention in the in the Registration Certificate.



HARYANA STATE PHARMACY COUNCIL

#49, Haripur, 1st Floor, Behind State Bank of Patiala, Near Park, Sector-4,
PANCHKULA

An ISO 9001:2008 Certified

APPLICATION FORM
FOR CHANGE OF RESIDENTIAL ADDRESS
IN REGISTRATION CERTIFICATE

Affix latest
self attested
photograph

INSTRUCTIONS

1. All particulars must be filled by the applicant in neat & legible handwriting.
2. The names and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered in the Matriculation/10th Certificate
3. Overwriting or Cutting will not be accepted in the Application Form otherwise the form will be rejected.
4. Incomplete application form will be rejected and the fee submitted will be forfeited.
5. Mere filling of application form and submission of fees does not entitle the candidate to be registered in the Haryana State Pharmacy Council. Only eligible candidates shall be allowed to be registered in the Haryana State Pharmacy Council.

Registration No. _____	Date of Registration _____	Renewed upto _____
Address in the Registration Certificate _____ _____		
Address to be mentioned in the Registration Certificate _____ _____		

1	Name of Candidate (in block letters as in Matriculation Certificate)	:	
2	Father's Name (CAPITAL LETTERS)	:	
3	Mother's Name (CAPITAL LETTERS)	:	
4	Place and date of birth (Proof of age to be attached)	:	

5	Nationality	:	Indian
6	Married/Unmarried	:	
7	Residential Address	:	
8	Contact Details	STD:	_____
		Phone:	_____
		Mobile:	_____
		Email:	_____

9 Give qualification details (Please strike whichever is not applicable)

Qualification	Session of Admission	Institution Name Address Tel.No. & Email	Name of the Board/University	Year of Passing
10 th				
10+2				
D.Pharm-1 st yr				
D.Pharm-2 nd yr				
B.Pharm-1 st yr				
B.Pharm-2 nd yr				
B.Pharm-3 rd yr				
B.Pharm-4 th yr				
M.Pharm Final Year				
Ph.D				
Pharm. D				
Pharm. D (Post Baccalaureate)				

10. Employment details (if applicable)

Employer	Name	Address	Period	
			From	To
Present				
Previous				

11. Details of fees for Migration of Registration

Amount deposited	Date of deposition	Name of Bank	Address of Bank	Challan No./Transaction ID

12. Declarations:

1. I hereby declare that I have not so far registered my name in any other State Pharmacy Council in India.

2. I hereby declare that I am the same person who was previously registered with the council at my address _____
and now I have changed my address i.e.

_____ (changed address) and I am enclosing my latest address proof with this application.

3. I hereby declare that information given in the application form is true and I understand that my application is liable to be rejected summarily or the registration is liable to be cancelled forthwith, u/s 36 of the Pharmacy Act, 1948 if the above information is proved to be false in any particular, at any stage.

Signature of Applicant : _____

Date : _____

Place : _____

Signature of Applicant : _____

Date : _____

Place : _____

**AFFIDAVIT FOR CHANGE OF
RESIDENTIAL ADDRESS IN REGISTRATION CERTIFICATE**
To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly attested by the 1st Class
Magistrate / Notary Public.

AFFIDAVIT

I.....S/o/D/oresident of..... Aged
.....do hereby solemnly affirms and declares as under:

1. That I am a permanent resident of

(Mentioned address) for the last.....years.

2. That my Date of Birth as per matriculation certificate is.....

3. That I am a Citizen of India.

4. That I have passed my Matriculation from.....(Name of
School) Affiliated with _____(Name of Board) Under Roll
No _____ in the year.....

5. That I have passed my 10+2/ Sen. Secondary from.....(Name
of School) Affiliated with _____(Name of Board) Under Roll
No _____ in the year..... with _____ Stream(Medical / Non
Medical).

6. That I have passed my _____(Diploma/Degree/Pharm. D) from.....
(Name of Institute) Affiliated with _____ (Name of University / Board)
Under _____ (Reg/Permanent Roll No) in the year.....

7. That I have not worked anywhere at the time of Undergoing the Pharmacy course(s).

8. That I will serve my business in Haryana State only.

9. That I am already registered with Haryana State Pharmacy Council vide
Regn.No. _____ dated _____ with the address

(Previously mentioned address in the Regn. Certificate).

10. That now I want to replace my previously registered address with _____(revised address).

11. That I shall abide by the rules & regulations of Haryana State Pharmacy Council constituted under Pharmacy Act, 1948.

12. That no case is pending against me under Drugs & Cosmetics Act, 1940 and rules in 1945 as well as pharmacy act 1948 and the rules made under State Pharmacy Rules 1951

13. That I have been never been convicted under Pharmacy Act 1948, and the rules made under state pharmacy rules 1951.

14. That I will serve my business In Haryana State only.

15. That a Fee of Rs.with Bank Challan no..... dated..... has been deposited in_____

(Name of Bank with Address)

16. That all the documents submitted by me are true & genuine & if any documents submitted by me are proved to be false at any stage, I shall be held responsible & my registration may be cancelled at any time & I may be prosecuted as per Law.

DEPONENT

Verification:

Verified that the above statement of mine is true & correct to the best of my knowledge & nothing has been concealed there in.

DEPONENT

DATED:

PLACE

I know the deponent personally and he has signed in my presence.