

HARYANA STATE PHARMACY COUNCIL, PANCHKULA

DOCUMENTS REQUIRED FOR ISSUE OF DUPLICATE 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.500/- deposited in any of the Punjab National Bank Branches through challan generated online at the time of filling online application for issue of duplicate registration certificate.
- D. **Attach** four latest & identical passport size photos with White Background of which **1** be duly attested and attach one ticket size photograph (not attested).
- E. Original Affidavit on non-judicial stamp paper of Rs. 10/- duly attested by Notary Public **OR** 1st Class Magistrate (downloaded from www.hspc.in).
- F. Original Registration Certificate issued by Haryana State Pharmacy Council
- G. Attested Copy of Ration card (first & its back page) showing name and address of applicant **OR** any other valid residence proof in Haryana (i.e. Voter Identity Card, Passport, Haryana Domicile etc.)
- H. Self – addressed large size water-proof envelope (25cmX30cm) in size or large size with fixing stamp of Rs. 40/-.
- I. Original FIR copy obtained from the police station showing lost, damage or theft of original registration certificate.
- J. Attested photocopy of the Registration certificate previously issued by HSPC (required to trace the record of the candidate).

Only Photo Copy of the following documents duly attested:

- I. Matric pass certificate from Haryana Board or CBSE Board or any other Govt. Recognized Board showing DATE OF BIRTH, Father's Name & Mother's Name.
- J. 12th Pass Certificate from Haryana Board or CBSE Board or any other Govt. Recognized Board showing requisite subjects passed i.e. as mentioned by the PCI.
- K. Mark-Sheets of Diploma/Degree in Pharmacy of all the years.
- L. Copy of Diploma/Degree issued from the University. (if awarded)
- M. 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.

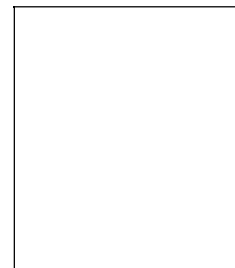
HARYANA STATE PHARMACY COUNCIL

Plot No. C 15, Awas Bhawan, IInd Floor,
Opp. Haryana Police Head Quarter, Sector-6, PANCHKULA
An ISO 9001:2008 Certified

APPLICATION FORM FOR DUPLICATE REGISTRATION CERTIFICATE

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 _____

Valid upto _____ FIR No., Date & Place _____

| | | | |
|---|---|---|--------|
| 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 Duplicate Registration Certificate

| 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 my registration certificate has been lost or spoiled and if the lost certificate is recovered in future, I will submit the same to the Haryana State Pharmacy Council, Panchkula.
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 ISSUE OF
DUPLICATE 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 _____.

10. That I have lost my Original Registration Certificate No. _____ and I have already lodged the FIR in the police station _____ (name of police station) on dated _____.

11. That in case I found my lost registration certificate, I shall deposit the same in the Haryana State Pharmacy Council, Panchkula immediately.

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

13. 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

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

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

16. That a Fee of Rs.with Bank Challan no.....

dated..... has been deposited in _____

(Name of Bank with Address).

17. 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.