

**HARYANA STATE PHARMACY COUNCIL, PANCHKULA**  
**REQUIREMENTS FOR GOOD CONDUCT CERTIFICATE**

- A. Prescribed Application Form filled by the Candidate.
- B. Attested Copy of Registration Certificate issued by Haryana State Pharmacy Council, Panchkula.
- C. Attested Copy of Fee Receipt.(Updation of fee is must)
- D. Prescribed fee as bank draft payable at  
**“PANCHKULA/CHANDIGARH”** in the name of **“REGISTRAR,  
HARYANA STATE PHARMACY COUNCIL”**
- E. Letter from the Foreign Agencies asking for verification.
- F. Authority letter from the candidate in the name of his family members, who will fulfill the formalities in India, in case candidate is outside India.

**NOTE: POSTAGE CHARGES WILL BE BORN BY THE CANDIDATE  
HIMSELF.**

**Guidelines for issue of Good Standing certificates to pharmacy graduates to be used by State Pharmacy Council.**

Institute should be approved by PCI u/s 12 of Pharmacy Act, 1948.

The applicant is required to submit a request for issue of certificate stating the purpose for which certificate of good standing is required & submit the communication of concerned body / Institution requiring the same.

Applicant has to submit the fees of Rs. \_\_\_\_\_ in the form of D.D. In favour of \_\_\_\_\_.

The application form for obtaining certificate of Good Standing is attached as **Appendix-A**

# Appendix “A”

## Application Form for obtaining a certificate of Good Standing

- 1. Name of the applicant with address as give in -----  
the State Pharmacist Register : -----
- 2. Present Address : -----  
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- 3. Qualifications: -----
- 4. Name of the College : -----
- 5. Name of the University: -----
- 6. Year of admission : -----
- 7. Year of passing: -----
- 8. State Pharmacy Council with which registered. -----
- 9. Registration No. and date: -----
- 10. Date of validity: -----

11. Place at which he has worked during the Last 5 years with full details

(Please use Separate sheet if space is not sufficient)

Name of Organization	Designation	Nature of duties performed	From (Date)	To (Date)

12. Two testimonials of character and Conduct from persons of standing, (IN ORIGINAL) (From Principal, Professors, M.P.s, M.L.A.'s, Central or State Govt. Class I Officers

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13. Name and full address and Telephone No. of two pharmacies professional who Personally know the applicant to whom a Reference can be made. (Persons who have Issued testimonials should not be referred In this Column. )

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14. Certificate of Good Standing will be Issued by the Registrar, State Pharmacy Council all correspondence should be directly made to the Registrar, State Pharmacy Council.

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**Date.....**

**SIGNATURE OF THE CANDIDATE**

Recommendation of the STATE PHARMACY COUNCIL:

Certified that the particulars given above are correct to the best of my knowledge and according. The records available with me.

Certified that the pharmacist holds current registration with this Council and no disciplinary proceedings had been taken or were in progress against him / her on this day by this council.

Date ..... 20

**REGISTRAR**  
**State Pharmacy Council**