

# **HARYANA STATE PHARMACY COUNCIL, PANCHKULA**

## **DOCUMENTS REQUIRED FOR RESTORATION OF REGISTRATION CERTIFICATE**

- A. File Cover of Card Board with tag.
- B. Prescribed Application Form & Form "L" Form duly filled.
- C. Prescribed Fee(For Five Years Only)through bank draft payable at "**PANCHKULA/CHANDIGARH**" in the name of "**REGISTRAR, HARYANA STATE PHARMACY COUNCIL**"
- D. Six latest & identical passport size photo of which 2 be duly attested at the front of photo.
- E. Original Affidavit on non-judicial Stamp-Paper of Rs. 10/- duly attested by 1st CLASS MAGISTRATE **OR** NOTARY PUBLIC.
- F. Self-addressed large size water-proof envelope (25cmX30cm) in size or more with duly stamps of Rs. 40/-.
- G. Certificate of Registration in Original issued by the Haryana State Pharmacy Council, Panchkula.

### **Only Photo Copy of the following documents duly attested required:**

- H. Matric pass certificate from the school last attended showing DATE OF BIRTH & Father's Name & Mother's Name.
- I. 12<sup>th</sup> Pass Certificate from the school last showing prescribed subjects passed.
- J. Mark-Sheets of Diploma/Degree in Pharmacy of all the years including the year in which candidate was failed, to show the continuity.
- K. Diploma/Degree in Pharmacy from the College or University last attended (If Diploma/Degree awarded)



# HARYANA STATE PHARMACY COUNCIL

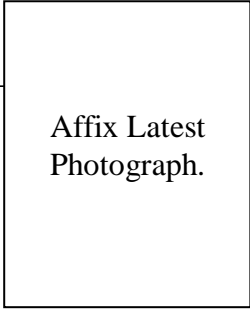
SCO-87, IInd Floor, Sec-4, Panchkula – 134112

An ISO 9001:2008 Certified

APPLICATION FOR RESTORATION OF CERTIFICATE

website : [www.hspc.in](http://www.hspc.in)

The Registrar,  
Haryana State Pharmacy Council,  
SCO-87, 2nd Floor, Sector 4,  
Panchkula – 134112



Sub. : **Restoration of Registration Certificate No.** .....

Sir,

I am already registered with your council under the provisions of The Pharmacy Act, 1948 and my Registration number is.....dated.....of Haryana State Pharmacy Council. I could not renew it timely due to some unavoidable circumstances & my name was struck off from the Member’s Register.

I am enclosing herewith all the required documents & required fees for the restoration of my name in Member’s Register.

You are therefore requested to kindly extend the validity of my Registration No. .... Dated.....

Thanking You,

**(Signature of Applicant)**

Name.....

Address.....

.....

Date.....

## INSTRUCTIONS

1. All particulars in the application 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 University or other examination.
3. Fee should be sent to the Registrar by Bank Draft only. The fee is not refundable in any case.
4. Overwriting or Cutting will not be accepted in the Application Form & form will be rejected.

(Signature of Applicant with date)

1.	Name in full (in block letters)	
2.	Father's Name & Occupation	
3.	Mother's Name	
4.	Date of Birth & Place	
5.	Married / Unmarried	
6.	Year of Passing the Matriculation Examination or examination prescribed as being equivalent to Matriculation Examination.	
7.	Year of Passing D. Pharmacy or B. Pharmacy	
8.	Residential Address	
9.	Professional Address	
10.	Demand Draft No.....Amount (Rs.).....Bank Name.....	
11.	Contact No. : - Mobile..... Land Line.....	

(Signature of Applicant)

Date.....

Full Name.....



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## FORM " L " (Rule 106)

To

The Registrar,  
Haryana State Pharmacy Council,  
SCO-87, IInd Floor, Sector-4, Panchkula

Sir,

I am the undersigned (a) .....holding the qualification of (b) .....  
do solemnly and sincerely declare the following:

In the year (c)..... my name was duly registered in the Registrar 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 removal of my name from the Registrar, I have been  
residing at (g) .....and my occupation has been (h)..... is my  
intention if my name is restored in the Register of (i) .....

Declared at .....on.....

Witness (j)

Yours faithfully,

(Signature)

**(Signature)**

Address

Registration No.

- (a) Insert Full Name                      (b) Insert Qualification    (c) Insert date of Registration  
(d) Insert Qualifications                (e) Insert additional qualification  
(f) Insert date of removal                (g) State address            (h) Give Particulars  
(i) Insert particulars as to Proposed Future Profession    (j) A registered Pharmacist