

HARYANA STATE PHARMACY COUNCIL, PANCHKULA

1. FOR THE FIRST (NEW) REGISTRATION (FRESH REGISTRATION CERTIFICATE)

First visit www.hspc.in for online registration and follow the procedure for online registration which is laid down on the home page of the website.

DOCUMENTS REQUIRED

File cover of card board with tag.

A. Print out of duly filled Application Form generated online and six latest & identical passport size photos with **White Background** alongwith Apron (lab coat) with Printed Name badge.

B. Proof of deposition of registration fee Rs.4150/- (for five years only) in the form of original challan.

C. Applicant is required to submit additional Rs.1000/- in the form of Demand Draft drawn in favour of Registrar Haryana State Pharmacy Council payable at Panchkula, if he/she has done is 10+2 or Pharmacy education from any other state i.e. outside Haryana.

D. Original Affidavit on non-judicial stamp paper of Rs. 10/- duly attested by Notary Public **OR** 1st Class Magistrate (downloaded from _

E. Original Undertaking Form for Educational Gap year.

F. Self attested copy of 10th mark sheet showing Date of Birth, Father's Name and Mother's Name of the applicant.

G. Self attested copy of 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

H. Self attested copies of Mark-Sheets of Diploma/Degree in Pharmacy of all the years.

I. **Original** Character Certificate issued from the institution last attended.

J. **Original** Provisional Degree Certificate issued by the College/University showing passed Diploma/Degree in Pharmacy examination.

K. **Original** Practical Training Certificate from recognized Government/Semi Government/Civil Dispensary etc. with written Time Period (Date mention) and Registration No. of Pharmacist (for Diploma Pharmacy Candidates only)

L. Letter from institution/college showing its approval from PCI for Diploma/Degree course for the year in which candidate qualifies its Diploma/Degree.

M. Self attested Copy of Any Two Proofs out of Three mentioned Proofs (Ration Card (front & its back side) showing name & address of applicant, Voter I-Card or Haryana Domicile will be accepted as residence proof only.

N. Self attested copy of Aadhar Card is mandatory for Aadhar link in order to avoid any duplication.

O. Self – addressed large size water-proof envelope (25cmX30cm) in size or large size with fixing stamp of Rs. 40/-.

Note: 1. The applicant is required to verify his/her all original documents from Matric onwards from the office of Haryana State Pharmacy Council Panchkula on any working day within given timeline.

Note: 2. In exceptional cases fee may be deposited in the form of demand draft drawn in favour of Registrar Haryana State Pharmacy Council payable at Panchkula. The demand draft should be drawn from any nationalized bank.



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 NEW REGISTRATION

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 names and particulars of the applicant entered in the Matriculation/10 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.

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: _____
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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				
Pharm. D				
Pharm. D (Post Baccalaureate)				

Details of Practical Training (only for candidates going to be registered on the basis of D.Pharm / Pharm.D qualification

Name of Hospital with Address _____

Period of Training from _____ to _____

Total Hours of Training _____

10. Employment details (if applicable)

Employer	Name	Address	Period	
			From	To
Present				
Previous				

11. Details of renewal registration fees

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. This is my first Application made with required enclosures for registration in this state as a Pharmacist.

2. I hereby declare that I desire to take up the practice of the profession of Pharmacy in the state of Haryana by residing in this State. Hence this application is made for registration in the Haryana State Pharmacy Council.

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 : _____

AFFIDAVIT FOR NEW REGISTRATION

**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/o**resident of..... Aged

.....**do hereby solemnly affirms and declare as under:**

1. That I am a permanent resident of _____

(Mentioned address) for the last.....years. I have submitted my Ration card /

Voter Card as a Residence proof of above mentioned Address.

Note: If Voter Card is submitted, it must be certified by the Election officer or M C of the area.

2. That I have submitted my Aadhar Card which is mandatory for Aadhar Link only.

3. **That my Date of Birth as per matriculation certificate is.....**

4. That I am a Citizen of India.

5. That I have **passed my Matriculation from.....(Name of**

School) Affiliated with _____(Name of Board) Under Roll

No _____ in the year.....

6. **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).

7. That I have passed my _____(Diploma / Degree Pharmacy)

from.....(Name of Institute) Affiliated with

_____ (Name of University / Board) Under _____(Reg /

Permanent Roll No) in the year.....

8. That I have attended the _____ Course as a regular candidate (D. Pharm /B. Pharm/M.Pharm / Pharm D whichever is applicable).

9. That I have not worked anywhere at the time of Undergoing the Pharmacy course.

10. That I want to get myself registration with Haryana State Pharmacy Council, Panchkula for the first time and have not applied for registration with any other state Council in India and abroad so far.

11. That I shall abide by the rules & regulations of Haryana State Pharmacy Council constituted under Pharmacy Act, 1948 & I will wear White Apron during working hours.

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 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 I am not registered with any other Council i.e. Dental Council, Nursing Council, Bar Council, Medical Council or any other Council.

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.

वैधानिक वचन

मैं..... पुत्र/पुत्री/पत्नी..... यह वैधानिक वचन देता हूं/ देती हूं कि सन्.....से सन्.....तक मेरी पढ़ाई में अंतर इसलिए आया कि

..... तथा किसी प्रकार के कानूनी जांच व सजा में शामिल नहीं रहा/रही तथा मैंने हरियाणा राज्य फार्मसी कौंसिल के अलावा किसी और कौंसिल में अपने नाम पंजीकरण नहीं करवा रखा तथा ना ही करवाऊंगा।

वैधानिक वचनकर्ता के हस्ताक्षर

नाम.....

पिता/पति का नाम.....

निवासी

.....

दूरभाष न०.

नोट: - यह वैधानिक वचन पत्र जिनकी पढ़ाई में अन्तर है उन छात्रों द्वारा दिया जाना है।

DECLARATION

(To be submitted by the Applicant who have no Diploma / Degree certificate at the time of Registration in HSPC and who have completed their Diploma / Degree in Pharmacy from Haryana State only)

From

.....

.....

.....

To

The Registrar
Haryana State Pharmacy Council
Panchkula

Sub: Regarding undertaking for submitting Diploma / Degree.

R/Sir

I state that I have not received any Diploma / Degree from the College / University. So you are requested to register me as Pharmacist on the Basis of Provisional Certificate which I have submitted. I will submit my degree / diploma within six months.

Signature of Applicant : _____

Name of Applicant : _____

Address : _____

UNDERTAKING

(To be submitted by the Applicant who have no Diploma / Degree certificate at the time of Registration in HSPC and who have completed their Diploma / Degree in Pharmacy from outer State only)

From

The Principal

.....

.....

To

The Registrar
Haryana State Pharmacy Council
Plot No. C 15, Awas Bhawan, IInd Floor, Sector-6,
Panchkula

Sub: Regarding undertaking for submitting Diploma / Degree.

R/Sir

It is to inform you that Mr. / Ms. s/o/d/o resident of
..... has passed Diploma / Degree in Pharmacy from this institute
vide Regn. No. Roll No. session He was
admitted in this institute on The institute takes the responsibility of submission
of Diploma / Degree by the candidate as & when it is received but not later than six months in the
case of Diploma and within a month of issue of Degree from the University. The student has been
issued the Provisional Certificate and on the basis of this certificate. He / She may kindly be
registered as a pharmacist with the Council. Thanking You,

Yours faithfully,

(Name of the Officer with
Designation & Stamp)