**Requirements of Documents**

**1. FOR ADDITIONAL REGISTRATION TO BE REGISTERED AS A PHARMACIST.**

1. Prescribed registration Fee of Rs. 200/- as bank draft payable at Dehradun issued from SBI on the name of **Registrar Uttarakhand Pharmacy Council Dehradun’.**

**2.**  Two recent Passport size coloured Photographs, one self attested at the front & three at back

3. One, Self addressed A4 size envelope & one 9”x4” size envelope with Rs. 41/- postal stamps in each

4. Original affidavit on Non judicidial stamp paper of Rs. 10/- (with provided language) duly notarised

5. Self attested copy of Aadhar card

6. Self attested Photocopy of Degree in pharmacy awarded by the examining authority or University, last attended otherwise Original and Two photocopies of Provisional certificate issued from the examining authority or University showing passed Diploma/degree in Pharmacy examination

7. Self attested Photocopy of Marksheet of Degree in pharmacy of all the years

8. Self attested Photocopy of 12th pass marksheet and certificate from the school attended showing date of birth and father’s name

9. Prescribed application form “H” (available with council office)

10. Original registration certificate of the Uttarakhand State Pharmacy Council .

**Registrar**

**Language of affidavit for transfer registration**

**To be submitted on a Non-Judicidal Stamp Paper of Rs. 10/-**

Before: Registrar, Uttarakhand Pharmacy Council, Directorate of Medical & Health, Danda Lakhond, Sahastradhara Road, Post-Gujrada, Dehradun 248 001.

I…………………………………S/o/D/o/W/o…………………….R/o…………….................do hereby solemnly affirm and declare as under :

1. That, I am permanent resident of above said address for the last …..……years.

2. That, the deponent passed his/her High school exam in the year ………….from ……(college & board)…...bearing roll no……

3. That, the deponent passed his/her Intermediate exam in the year ……….from ……(college & board)…….bearing roll no……

4. That, the deponent passed his/her D.Pharm./ B.Pharm./ M.Pharm./ Pharm.D. exam in the year ……….from ……(college & board)……...bearing roll no……

5. That, the deponent passed his/her B.Pharm./ M.Pharm./ Pharm.D. exam in the year ……….from ……(college & board)……...bearing roll no……

6. That I am registered in as Pharmacist with -------------------------- State Pharmacy Council bearing Registration No. .............., dated ....................

7. I want to add B.Pharm/M.Pharm/Pharm.D qualification in D.Pharm/B.Pharm Registration Certificate.

8. That, all the documents submitted by me for registration are true and genuine.

9. That, if any of the documents submitted by me for registration is to be proved false, I shall be held resposible and my registration may be cancelled.

 Deponent

**Verification**

Verified that, the contents of the affidavit are true to best of my knowledge and nothing has been concealed therein.

Today, the …………....Month…………….Year………………

 Deponent