

APPLICATION FORM FOR REGISTRATION OF PHARMACIST

(UNDER SECTION 32(2) OF THE PHARMACY ACT, 1948)

INSTRUCTION

1. All particulars of the application must be filled in by the applicant in neat legible hand. Incomplete application will be rejected.
2. The name entered in the application must exactly correspond with the name of the application entered in the University or other examinations.
3. If the space for giving particulars is not found sufficient, a separate sheet may be attached to the application and page No.-of the attached sheet be indicated in the main body of Application Form.

To,

The Registrar,
Uttarakhand Pharmacy Council,
Dehradun.

Sub: Registration as a Pharmacist under the Pharmacy Act, 1948.

Ref: Your Letter No. Dated.....

Sir/Madam,

Affix recent self
attested
passport size
photograph

1. Please find enclosed herewith the duly filled in application form for registration u/s12(2) of the Pharmacy Act, 1948.
2. D.D.No./Online Payment No..... dated..... For Rs. is enclosed herewith as a registration fee for the purpose.
3. I hereby declare that I have carefully read and understood the instruction and particulars supplied to me and the information provided by me on the application form is true to the best of my knowledge and belief.
4. I hereby undertake to follow the rules/regulation/instruction of the Uttarakhand State Pharmacy Council as issued from time to time.

Yours faithfully

Name of Applicant

Signature

APPLICATION FORM

1. Applicant's Name in Full (as in Degree Certificate)

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2. Date, Month and Year of Birth

3. Father's/Husband's Name (Full in Capital Letter)

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4. Full (Permanent) Residential Address (In Capital Letter)

5. Full Professional Address

6. Nationality Place of Birth

7. Telephone/Mobile No. E-Mail Address

8. **If admission to PharmD. Is on the basis of D.Pharm qualification, please mention details of D.Pharm qualification-**

Name of Institution	Year of admission	Year of passing	Name of the Examining Authority

9. **In case of Pharm.D (Post Baccalaureate) please mention details of B.Pharm qualification-**

Name of Institution	Year of admission	Year of passing	Name of the Examining Authority

10. **Description of qualification-**

Qualification	Session of Admission	Institute <ul style="list-style-type: none"> Name Address Mobile No. E-Mail 	Hospital from where internship is done <ul style="list-style-type: none"> Name Address Mobile No. Email 	Name of the Examining Authority	Year of Passing
Pharm.D					
Pharm .D (Post Baccalaureate)					

11. Employment details (if applicable):

Employer	Name	Address	Period	
			From	To

12. Declarations:

- 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 enclosure for registration in this State as a Pharmacist.
- I hereby declare that prior to this application I had registered my name in the State/s as details below from time (eligible/not eligible).

Name of State	Qualification	Reg.No.	Date	Duration	
				From	To
Ist Registration					
I st Re- Registration					
II nd Re- Registration					
III rd Re-Registration					
IV th Re- Registration					

- I hereby declare that I desire to take up the practice of the profession of Pharmacy in State of by residing in this State. Hence this application is made for registration/re-registration in the State Pharmacy Council.
- I hereby declare that information given in the application from is true and In 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.
- Any other information by the applicant.

Please strike whichever is not applicable

Date.....

(Signature of Applicant)