

Requirements of Documents

1. FOR ISSUE OF DUPLICATE REGISTRATION CERTIFICATE

1. Prescribed Fee for duplicate registration certificate Rs. 1000/+Form Fee-100/- **Total fee-1100/** as bank draft payable at Dehradun issued from SBI on the name of **Uttarakhand Pharmacy Council Dehradun/Online Payment (Online A/C No.-36821630863, IFSC- SBIN0007893, Account Holder Name- Uttarakhand Pharmacy Council, Dehradun).**
2. File Cover with Tag
3. Four recent Passport size coloured Photographs, one self attested at the front & three at back
4. Four specimen signature with black ink on a blank paper
5. One, Self addressed A4 size envelope size envelope with Rs. 42/- postal stamps in each
6. Original affidavit on Non judicial stamp paper of Rs. 10/- (with provided language) duly notarised
7. Self attested copy of Uttarakhand State Domicile/Nivas/Avas certificate issued by megistrate as residence proof
8. Self attested copy of Uttarakhand State Aadhar Card
9. Self attested Photocopy of Diploma/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
10. Self attested Photocopy of Marksheet of Diploma/degree in pharmacy of all the years
11. Self attested Photocopy of 10th and 12th pass marksheet and certificate from the school attended showing date of birth and father's name
12. Prescribed application form "G" (available with council office)
13. Original FIR copy from the Police Station in case of theft, lost or damage of original registration certificate
14. Photocopy duly self attested of the original registration certificate issued by this council (required to trace the record of the candidate) otherwise mentioned your registration number

Registrar

P.T.O.

Language of affidavit for duplicate certificate (In case of lost & others)

To be submitted on a Non-Judicial 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.....R/o.....do hereby solemnly affirm and declare as under :

1. That, I am permanent resident of above said address for the lastyears
2. That, the deponent passed his/her High school exam in the yearfrom(Name of college & board).....bearing roll no.....
3. That, the deponent passed his/her Intermediate exam in the yearfrom(Name of college & board).....bearing roll no.....
4. That, the deponent passed his/her D.Pharm./ B.Pharm./ M.Pharm./ Pharm.D. exam in the yearfrom(Name of college & board/University).....bearing roll no.....
5. That I have lost my original registration certificate no.....and I have lodged the F.I.R. in Police Station and in case I found it, I shall deposit the same in the council office
6. That, all the documents submitted by me for registration are true and genuine
7. That, if any of the documents submitted by me for registration is to be proved false, I shall be held responsible 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, theMonth.....Year.....

Deponent