

## Requirements of Documents

### **1. FOR FIRST (FRESH) REGISTRATION TO BE REGISTERED AS A PHARMACIST.**

1. Prescribed registration Fee of Rs. 1000/+ D/Fee 500/+ Form Fee 100/ = **Total 1600/-** as bank draft payable at Dehradun issued from SBI on the name of **Uttarakhand Pharmacy Council Dehradun or 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 & one 9"x4" 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 magistrate 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. Self attested Photocopy of One Year training certificate
13. Prescribed application form **Appendix-B** (available of Council Website)
14. In case of gap period from award of Degree/Diploma and apply of registration, a affidavit on Non Judicial Stamp Paper of Rs. 10/- with clear clarification of cause, attested by magistrate.

**Registrar**

**P.T.O.**

**Language of affidavit for fresh registration**

**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 last .....years.
2. That, the deponent passed his/her High school exam in the year ..... from .....(Name of college & board)..... bearing roll no.....
3. That, the deponent passed his/her Intermediate exam in the year ..... from .....(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 year ..... from .....(Name of college & board/University).....bearing roll no .....
5. That I am not registered previously in any other State Pharmacy Council.
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, the .....Month.....Year.....

Deponent