

Requirements of Documents

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

1. Prescribed registration Fee of Rs. 200/ + D/F -500/+Form Fee -100/= **800/+18%GST (Total Fee- 944/-)** (Only for B.Pharm & M.Pharm Applicants) and Rs. 1000/+ D/F -500/+Form Fee 100/= **1600/+18%GST (Total Fee- 1888/-) (For Pharm D. Applicants)** 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. 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. 42/- postal stamps in each
4. Original affidavit on Non judicial stamp paper of Rs. 10/- (with provided language) duly notarised
5. Self attested copy of Uttarakhand State Aadhar card
6. Self attested Photocopy of Degree in pharmacy awarded by the examining authority or University, last attended otherwise Original and Three photocopies of Provisional certificate issued from the examining authority or University showing passed degree in Pharmacy examination
7. Three Self attested Photocopy of Marksheet of Degree in pharmacy of all the years
8. Self attested Photocopy of One Year training certificate
9. Self attested Photocopy of 12th pass marksheet and certificate
10. Prescribed application form "H" (available of Council Website)
11. . Prescribed application form **Appendix-B (for Pharm D. Applicants)** (available of Council Website)
12. Original registration certificate of the Uttarakhand State Pharmacy Council .

Registrar

P.T.O.

Language of affidavit for Additional 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 lastyears.
2. That, the deponent passed his/her High school exam in the yearfrom(Name college & board).....bearing roll no.....
3. That, the deponent passed his/her Intermediate exam in the yearfrom(Name 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 college & board).....bearing roll no.....
5. That, the deponent passed his/her B.Pharm./ M.Pharm./ Pharm.D. exam in the yearfrom(Name college & board).....bearing roll no.....
6. That I am registered in as Pharmacist with Uttarakhand 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 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