

Requirements of Documents

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

1. Prescribed registration Fee of Rs. 2000/+D/F -500/+Form Fee -100/= 2600/ + 18% GST (**Total Fee- 3068/-**) 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. Two 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 megistrate as residence proof
8. Self attested copy of Uttarakhand State Aadhar card
9. Three Self attested Photocopy of Diploma/Degree in pharmacy awarded by the examining authority or University
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 of Council website)
13. Photocopy of pratical training certificate of 500 hrs. from PCI recognized Govt. Hospital (for D.Pharm. only)
14. Original registration certificate+ two photocopies of the State Pharmacy Council where the candidate is already registered.

Registrar

P.T.O.

Language of affidavit for transfer 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 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 am registered in as Pharmacist with State Pharmacy Council bearing Registration No., dated
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