

To,

Date-

The REGISTRAR,

MAHARASHTRA STATE PHARMACY COUNCIL,

Sub-Registration under Pharmacy Act-1948

Dear Sir/Madam

I am producing all requisite documents in original for verification for the purpose of registering my name the Register of Pharmacists maintained by MSPC and assure to upload same during online submission of application and solemnly affirm that the said documents produced by me are true and genuine and not fake or bogus or forged or fabricated or tampered and belong to me only. I promise to pay fees by payment gateway and I am aware that registration will be granted to me only after positive verifications from appropriate authority. If it is found in future or during any stage of registration that the documents are fake or bogus and If I am found to be guilty of furnishing wrong or misleading information shall be liable to be punished according to applicable legal provisions. I submit here with following information which is true and correct to the best of my knowledge-

I further undertake that during the tenure of my pharmacy course, I have not completed any other full time or part time education.

1) Name in full:- \_\_\_\_\_

2) Pharmacy Educational Qualification:- \_\_\_\_\_

3) Date of birth:- \_\_\_\_\_

4) Present residential address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) Qualification details

Sr No	Examination	Date of passing	Name of school/College	Board /University
1	SSC (10 <sup>th</sup> )			
2	HSC/Intermediate (12 <sup>th</sup> )			
3	Diploma in Pharmacy			
4	Degree in Pharmacy			
5	Master in Pharmacy Or Pharm.D			

Name in Full: \_\_\_\_\_

Signature: \_\_\_\_\_

6) If Registered Pharmacist of other state –

- Registration number -----Date of registration -----
- Registration renewed up to \_\_\_\_\_
- State in which previously registered (if applicable) – \_\_\_\_\_

7) Description of Pharmacy college with land marks near college- \_\_\_\_\_

8) Name of Principal /head of department at that time:- \_\_\_\_\_

9) In case of Diploma in Pharmacy, Practical training centre (500 hours training):-

a) Name of training centre:- \_\_\_\_\_

b) Name of Apprentice Masters:- \_\_\_\_\_

c) His Registration numbers:- \_\_\_\_\_

10) Reason of seeking Registration in MSPC:- \_\_\_\_\_

11) Present date and place of settlement:- \_\_\_\_\_

12) Present employer name and address (if applicable):- \_\_\_\_\_

13) History of any prosecution under law or action under section 36 of Pharmacy Act-1948, if yes give details:-

Thanking you,

Name in Full: \_\_\_\_\_

Signature: \_\_\_\_\_

### FOR DIPLOMA IN PHARMACY

- First and Second year Original Mark list issued by the concerned examining body and 2 Photo Copies of same
- Original 500 hours Practical Training Certificate duly signed by the Principal of the Concerned pharmacy institute and one photo copy of same
- Pharmacy College Leaving Certificate in original and photo copy of the same.
- S.S.C. passing certificate (mentioning Date of Birth) in original and photo copy of the same.
- Copy of the proof of the residence in Maharashtra State (ration card/domicile certificate/election card/Aadhar Card/Passport duly attested.
- Identity slip attested by **Principal/ Gazetted Officer/Officer of Equivalent rank** of this state and one photo copy of same.
- For applicants who have completed **diploma from other states**, please submit **original diploma certificate** and two photo copies of the same

### FOR DEGREE IN PHARMACY

- Final year Original Mark list issued by the concerned University and 2 Photo Copies of same
- Degree convocation certificate in original and one photo copy of same
- B.Pharmacy College Leaving Certificate in original and photo copy of the same.
- S.S.C. passing certificate (mentioning Date of Birth) in original and photo copy of the same.
- Copy of the proof of the residence in Maharashtra State (ration card/domicile certificate/election card/Aadhar Card/Passport duly attested.
- Identity slip attested by **Principal/ Gazetted Officer/Officer of Equivalent rank** of this state and one photocopy of same .

\* **For Pharm D applicants passing from out of Maharashtra State please follow procedure for Degree in Pharmacy applicants and also bring copy of approval of your institute under section 12 of Pharmacy Act -1948 as required for the purpose of registration as Pharmacist.**

\* In case of **married ladies applicants** who want to have new name(after marriage) on Registration certificate please submit **marriage certificate** issued by Registrar Of Marriage or by appropriate authority and **residence proof of Maharashtra State with new name**

**Download Affidavit format A and get it notarized on Rs. 100/- stamp paper**

If you have passed your degree or diploma or Pharm D from out of Maharashtra state.

**Download Affidavit format B and get it notarized on Rs. 100/- stamp paper**

If you are Registered Pharmacist of other state and seek transfer of registration.

**Disclaimer: The information furnished is to help applicants in the process of getting themselves registered but, Council and Registrar-MSPC reserves the right to ask for any supplementary document and or refer to appropriate authority in addition to the documents mentioned from the applicants applying for registration depending on the case**

\*\*\*\*\*