

HARYANA STATE PHARMACY COUNCIL, PANCHKULA

DOCUMENT REQUIRED FOR RENEWAL/RESTORATION OF REGISTRATION

CERTIFICATE

- A. File Cover of Card Board with tag.
- B. Prescribed Application Form and **Form "L" [Rule 106 u/s 34(s)]** duly filled alongwith attested latest photograph of the candidate. Form "L" for those candidates whose validity date already expired.
- C. Prescribed Fee Rs. 2,150/- (for five years only) deposited in any of the Punjab National Bank Branches through challan generated online at the time of online renewal of registration as a pharmacist (www.hspc.in) **or DD in favour of Registrar, Haryana State Pharmacy Council, Panchkula drawn on any Nationalized Bank of India till online procedure is fully accepted by the council.**
- D. **Attach two** latest & identical passport size photos of which **1** be duly attested and attach one ticket size photograph (not attested).
- E. Original Affidavit on non-judicial stamp paper of Rs. 10/- duly attested by Notary Public **OR** 1st Class Magistrate (downloaded from www.hspc.in).
- F. Attested copy of Registration Certificate issued by Haryana State Pharmacy Council.
- G. Attested copy of last Fee paid Receipt issued by the Council's Office
- H. Attested copy of diploma/degree of pharmacy on the basis of which candidate was registered in Haryana State Pharmacy Council for the first time.
- I. Attested Copy of Ration card (first & its back page) showing name and address of applicant OR any other valid residence proof in Haryana (i.e. Voter Identity Card, Passport, Haryana Domicile etc.)
- J. Two (02) **ORIGINAL** Continuing Pharmacy Education (CPE) certificates obtained by attending two CPE programmes organized by HSPC Panchkula after 02nd June 2014 only.
- K. Self – addressed large size water-proof envelope (12cmX26cm) in size or more with duly stamp of Rs. 40/-.



HARYANA STATE PHARMACY COUNCIL

#49, Haripur, 1st Floor, Behind State Bank of Patiala, Near Park, Sector-4,
PANCHKULA

An ISO 9001:2008 Certified

APPLICATION FORM FOR RENEWAL OF REGISTRATION

Affix latest
self attested
photograph

INSTRUCTIONS

1. All particulars must be filled by the applicant in neat & legible handwriting.
2. The names and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered in the Matriculation/10th Certificate
3. Overwriting or Cutting will not be accepted in the Application Form otherwise the form will be rejected.
4. Incomplete application form will be rejected and the fee submitted will be forfeited.
5. Mere filling of application form and submission of fees does not entitle the candidate to be registered in the Haryana State Pharmacy Council. Only eligible candidates shall be allowed to re-registered in the Haryana State Pharmacy Council.

Registration No. _____	Renewed upto 31-12-_____
Date of Registration _____	

1	Name of Candidate (in block letters as in Matriculation Certificate)	:	
2	Father's Name (CAPITAL LETTERS)	:	
3	Mother's Name (CAPITAL LETTERS)	:	
4	Place and date of birth (Proof of age to be attached)	:	
5	Nationality	:	Indian
6	Married/Unmarried	:	
7	Residential Address	:	

8	Contact Details	STD: _____ Phone: _____ Mobile: _____ Email: _____
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9 Give qualification details (Please strike whichever is not applicable)

Qualification	Session of Admission	Institution Name Address Tel.No. & Email	Name of the Board/University	Year of Passing
10 th				
10+2				
D.Pharm-1 st yr				
D.Pharm-2 nd yr				
B.Pharm-1 st yr				
B.Pharm-2 nd yr				
B.Pharm-3 rd yr				
B.Pharm-4 th yr				
M.Pharm-Final year				
Pharm. D				
Pharm. D (Post Baccalaureate)				

10. Employment details (if applicable)

Employer	Name	Address	Period	
			From	To
Present				
Previous				

11. Details of renewal registration fees

Amount deposited	Date of deposition	Name of Bank	Address of Bank	Challan No./Transaction ID

12. Declarations:

1. I hereby declare that I have not so far registered my name in any other State Pharmacy Council in India.
2. I hereby declare that I am residing in the state of Haryana or carrying out the business of pharmacy or serving the profession of pharmacy in the state of Haryana. Hence this application is made for re-registration in the Haryana State Pharmacy Council.
3. I hereby declare that information given in the application form is true and I understand that my application is liable to be rejected summarily or the registration is liable to be cancelled forthwith, u/s 36 of the Pharmacy Act, 1948 if the above information is proved to be false in any particular, at any stage.

Signature of Applicant : _____
Date : _____
Place : _____



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PANCHKULA

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website: www.hspc.in

Form 'L' (Rule 106)

(To be submitted for Renewal of Registration only if the validity of Regn. expired)

To
The Registrar,
Haryana State Pharmacy Council
Panchkula

Sir,

I..... (Insert Full Name) holding the qualification of
.....(D.Pharm/B.Pharm/Pharm.D) do solemnly and sincerely declare the following:

1. That I was registered in the Haryana State Pharmacy Council on(Date of Registration) vide Regn. No.....
2. That I was registered on the basis of my (D.Pharm/B.Pharm/Pharm.) qualification.
3. That my registration was valid upto (date of validity).
4. That my name has been removed from the register of Haryana State Pharmacy Council on 31-03-_____.
5. That I am residing in Haryana at my residential address.....
..... or carrying out the business of Pharmacy or serving the profession of Pharmacy in the capacity of (Pharmacist/Hospital Pharmacist/ Teacher/ Medical Representative/ Any other specify).

DEPONENT

Verification:

Verify that the above contents are true to the best of my knowledge; nothing has been cancelled in it.

DEPONENT

Witness by _____(Name of Pharmacist)

Regn. No. of HSPC _____ Date of Registration _____

Signature of pharmacist giving witness _____

AFFIDAVIT FOR RENEWAL OF REGISTRATION

To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly attested by the 1st Class
Magistrate / Notary Public.

AFFIDAVIT

I.....S/o/D/oresident of..... Aged
.....do hereby solemnly affirms and declare as under:

That I am already registered with Haryana State Pharmacy Council Panchkula vide Registration.

No_____, Dated _____

That I have not applied for Migration/Transfer of my Registration to any other State Council in India and abroad so far.

1. That I am a permanent resident of

(Mentioned address) for the last.....years.

2. That my Date of Birth as per matriculation certificate is.....

3. That I am a Citizen of India.

4. That I have passed my Matriculation from.....(Name of
School) Affiliated with _____(Name of Board) Under Roll
No_____ in the year.....

5 That I have passed my 10+2/ Sen. Secondary from.....(Name of
School) Affiliated with _____(Name of Board) Under Roll
No_____ in the year..... with _____ Stream(Medical / Non Medical).

6 That I have passed my _____(Diploma / Degree Pharmacy)
from.....(Name of Institute) Affiliated with
_____(Name of University / Board) Under _____(Reg /
Permanent Roll No) in the year.....

7. That I have attended the _____ Course as a regular candidate (D. Pharm /B. Pharm/M.Pharm / Pharm D whichever is applicable).

8. That I have not worked anywhere at the time of Undergoing the Pharmacy course.

9. That I want to get my registration renewed with Haryana State Pharmacy Council, Panchkula from 01.01____ to 31.12.____

10. That I shall abide by the rules & regulations of Haryana State Pharmacy Council constituted under Pharmacy Act, 1948.

11. That no case is pending against me under Drugs & Cosmetics Act, 1940 and rules in 1945 as well as pharmacy act 1948 and the rules made under State Pharmacy Rules 1951

12. That I have been never been convicted under Pharmacy Act 1948, and the rules made under state pharmacy rules 1951.

13. That I will serve my business In Haryana State only.

14. That a Fee of Rs.with Bank Challan no.....
dated..... has been deposited
in_____ (Name of
Bank with Address).

That Presently I am working as Licensee under Drug Licence No_____ **OR** A Employee as
qualified person at M/s

(Name of Firm With Complete Address) **OR** A Regular Student at

(Name of Institute with Address) **OR** A teacher at

(Name of Institute with address) **OR** A Hospital

Pharmacist_____

(Name of Hospital with Address) **OR** A Medical Representative at_____(District

Head Quarter) With _____ (Name & Address of Company) **OR**

A Employee With any other Pharmaceutical / Other

Organization _____

(Name & Address of Company/Organization)

15. That I will inform to the Registrar Haryana State Pharmacy Council if there is any change takes place in my current occupation within a period of one month from the date of such change

16. That all the documents submitted by me are true & genuine & if any documents submitted by me are proved to be false at any stage, I shall be held responsible & my registration may be cancelled at any time & I may be prosecuted as per Law.

DEPONENT

Verification:

Verified that the above statement of mine is true & correct to the best of my knowledge & nothing has been concealed there in.

DEPONENT

DATED:

PLACE

I know the deponent personally and he has signed in my presence.