HP State Pharmacy Council

Directorate of Health & Family Welfare HP SDA Commercial Complex, Kasumpti SHIMLA-9

APPLICATION FORM										
Under Section	n 32 of the Pharmac	y Act, 19	FOR OFFICE USE ONLY							
Received on	NOC		Fee Details			Registration No.				
	Required		Amount: Rs	Receipt No.	Date					
	Not Required									

Not Require	∍d								
То									
The Registrar,									
Himachal Pradesh F) harmac	v Counc	nil .						
Shimla- 171009, HP		y Couric	اار,						
C mma 17 1000, 111									
Sir,									
hold prescribed qualification	on as de	tailed be	elow and	I request	that may name,				
nay kindly be registered w	ith HP P	harmac	y Council	, Shimla	Under relevant				
Section of the Pharmacy Ad	ct,								
					Yours Faithful	lly,			
Date:				(Signa	ture of Candidate)			
					Pers	onal & Qual	ification E	Petails	
Name of Candidate						Age:			
Father's name:									
Date& Place of Birth:				Natio					
Permanent Residential	H. No.			Street No./Village					
Address	P.O.			Tehs	Tehsil:				
Professional Address, if	Name	of Institu	ution						
any	P.O.			Tehsil:		Distt.	Distt.		
QUALIFICATION	Passing Year		Exam	Examining Body		Division			
DETAILS									
Matriculation									
10+2 Examination									
Diploma in Pharmacy									
Name of the Collage				-					
Place of practical training									
Degree						Period:	to		
Name of the Collage									
In case, already	State			Regn.	No.	Date:			
registered									
Reason of migration									
nstruction:									
. To be filled by the candidate	himself/he	erself, nea	ntly.						
. Information must correspond			s being subr	mitted alor	g.		e of Candid	ate)	
Fill the checklist (given overled)	af) Ema	il.l.D.:-				Contact No			
						Enclosur	e's Check	list (tic	
Affidavit (as per prescribed)-original				Mark S	Sheet of every ye	ar/semester-a	ittested		
Fees(counter foil of receipt)-original				Practical Training certificate –origina					
Matria dation contificate attacted				Dense	da Himaahali Ca	4:f:	L I		

X)

		-
Affidavit (as per prescribed)-original	Mark Sheet of every year/semester-attested	
Fees(counter foil of receipt)-original	Practical Training certificate –original	
Matriculation certificate-attested	Bonafide Himachali Certificate -attested	
10+2 Examination –attested	Photographs (1attested +2 plain)	
Certificate of diploma /Degree-attested	Proof of Identity () –attested	

Note:

- Applicant deposit Fee in the UCO Bank, SDA Commercial Complex, Kasumpti, Shimla. By cash or DD in favour of registrar HP State Pharmacy Council Payble at UCO bank SDA complex Kasumpati Shimla-9. Fee deposited is non refunded, in any case.
- Registration will be done in accordance with the Pharmacy Act, 1948 and the Rules made there under.
- Council has right to refuse for the registration.