

Renewal Application form

To,

The Registrar,
H.P. State Pharmacy Council,
Shimla.

SUBJECT : Renewal of Registration Certificate:

I _____ Son/daughter/wife of Shri _____ age _____ yrs. Resident of the village/town _____ P.O. _____ Tehsil _____ Distt. _____ of Himachal Pradesh do hereby solemnly affirm and declare as under :

1. That I am permanent resident of Himachal Pradesh as given above and in the application.
2. That my name is already registered with the Himachal Pradesh Council, Shimla, vide registration No. _____ Dated _____ and I hold no other registration under the Pharmacy Act, 1948 anywhere else, any time.
3. That I am proprietor/partner/Director of M/s. _____ situated at town/village _____ P.O. _____ Tehsil _____ Distt. _____ of Himachal Pradesh from _____ (mention date), under the RETAIL AND/OR WHOLESALE drug license vide Nos. 20/20B: _____ and 21/21B _____ granted on _____ by the State Drug Licensing Authority and valid upto _____.

OR (in case of Pharmacist employed in the State Health & Family Welfare Deptt. OR other Deptt. /Organisation

That I am employed with the State Health & Family Welfare Deptt./Name of the other Department where employed since _____

OR (In case of Pharmacist rendering services to the State chemist & Druggist Licensees)

That I am full time paid employee as per the following details

Period From	To	Name of Firm	Address	Place

4. That I have never been convicted under any provision of the Drugs and Cosmetic Act, 1940 and Rules. 1945 made there under.
5. That I am fully aware of the Rules and Regulation covered under the Pharmacy Act, 1948 and I am adhering to the same.
6. That my registration with the HP Pharmacy Council should be cancelled in the event of any activity found to be not in accordance with the Pharmacy Act, 1948 or any information submitted by me found to be false or incorrect
7. That the above said applicant further state on oath that the contents of the above are true to the best of my knowledge and nothing relevant has been concealed there from and as such I verify the same.

Place : _____

E-Mail: _____

Contact No:- _____

Applicant

For office use only.

Sr. No. _____

Certified that Sh. /Smt _____ s/o d/o w/o sh. _____ r/o _____ is a registered Pharmacist in H.P. State Pharmacy Council vide no. Reg. No. _____ dated _____ the validity of his / her registration is W.E.F _____ to _____

Registrar

1. Original Certificate.
2. Receipt /DD of renewal fee.
3. postal stamps rupees 25/-
4. 2 Photographs (Passport Size)