

भारतीय भेषजी परिषद्

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अंतर्गत त्रिभैषिक विभाग)
भारत सरकार

एन वी सी सी सेंटर, तृतीय तल, प्लॉट नंबर 2,
कॉम्युनिटी सेंटर, मां आनन्दमयी मार्ग,
ओखला, फेस-1, नई दिल्ली-110020
दूरभाष: 011-61299900-03
ईमेल: registrar@pci.nic.in



PHARMACY COUNCIL OF INDIA
(Statutory body under Ministry of Health & Family Welfare)

Government of India

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Community Centre, Maa Anandmai Marg,
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Ref.No.14-285/2024-PCI | 5209

31 DEC 2024

1. The Registrar of all the State Pharmacy Councils.
2. All the State Governments/UTs.
3. All approved Pharmacy institutions conducting D.Pharm course.

Sub: Diploma in Pharmacy Exit Examination Regulations, 2022.

Ref: Council Circulars Nos. –

- i) 14-285/2023-PCI/8903-07 dt. 2.3.2022.
- ii) 14-285/2023-PCI/12218 dt. 25.7.2022.
- iii) 14-285/2023-PCI/12910 dt. 18.8.2022.
- iv) 14-285/2023-PCI/17497 dt. 6.2.2023.
- v) 14-285/2023-PCI/5563 dt. 22.12.2023.
- vi) 14-285/2024-PCI/116-117 dt. 5.4.2024.
- vii) 12-3/2023-PCI/217-18 dt. 15.4.2024.
- viii) 14-285/2024-PCI/3966-67 dt. 27.9.2024.

Sir/Madam,

This is in reference to Council's above cited circulars.

In this connection, it is informed that subject cited issue was considered by 421/EC of the PCI in its meeting held on 24.12.2024 has noted that –

- i) PCI vide various communications to write Ministry for approval of the proposed amendment in regulation 6 of "Diploma in pharmacy Exit Examination Regulations 2022" as required u/s10 of the Pharmacy Act, 1948 for publication in the Gazette of India so that the one paper can be conducted instead of 3 papers to avoid financial burden on the students. The approval of Ministry is yet awaited.
- ii) The Council is continuously receiving the number of requests from Diploma in Pharmacy students who are admitted in Diploma in Pharmacy in 2022-2023 academic session and complete their course in 2023-2024 academic session. They are unable to get any job or work as they are not registered as a pharmacist.

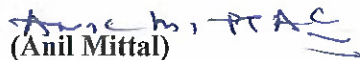
Further, it was decided -

- i) to post the circular on PCI website for all the State Pharmacy Councils/State Governments/UTs. and approved Pharmacy institutions conducting D.Pharm course requesting to issue registration certificate to the students who are admitted in Diploma in Pharmacy in 2022-2023 academic session and complete their course in 2023-2024 academic session for one year (till the exit exam will be conducted) and not renew the certificate without clearing the exit exam.

ii) to take an affidavit from students (a copy of affidavit proforma is enclosed as **Appendix-1**) in the name of Registrar, State Pharmacy Council for one year of registration.

This issues with the approval of the competent Authority.

Yours faithfully


(Anil Mittal)
Registrar-cum-Secretary

AFFIDAVIT

To
Registrar
(Name of State) State Pharmacy Council

I, (Name), a student of (Name of the Institution), aged (Age), residing at (Address), do hereby solemnly affirm and declare as follows:

1. I affirm that I was admitted to (Name of the Institution) for the Diploma in Pharmacy (D. Pharm) course in the 2022-2023 academic session and successfully completed the course in the 2023-2024 academic session.
2. I acknowledge that the exit examination has not yet been conducted, and I have not appeared for the same. Therefore, I request that the registration certificate be issued, which shall remain valid for a period of one (1) year, or until the exit examination is conducted and completed, whichever is sooner.
3. I undertake that the registration certificate shall not be renewed unless I have successfully cleared the exit examination. The (Name of State) State Pharmacy Council will only issue a renewal certificate upon submission of proof of passing the exit examination.
4. I further affirm that, should I fail to clear the exit examination within the validity period of the registration certificate, I shall not be eligible for any further renewal or continuation of my registration unless I submit proof of clearing the exit examination.

DEPONENT

(Signature of the Student)
(Full Name of the Student)
Name of the Institution
(Residence Address)
(Date)
(Place)
Mobile No.
Email