

Date-

Applicants  
Photo

The Registrar,  
Maharashtra State Pharmacy Council, Mumbai

**Sub-Registration under Pharmacy Act-1948**

Dear Sir/Madam

I am requesting to accept provisional submission of my documents for registration as pharmacist with MSPC in accordance with provisions of section 32(2) of Pharmacy Act -1948 by online mode and I assure that I have gone through required documents list carefully and possess all of them in originals I **understand and assure you to submit all original documents in person for verification at MSPC office along with compliance of other requirement of MSPC office as per council resolution and Registrar's direction** on appointment day. I am fully aware that if fail to produce all documents or present incomplete set of documents, my application will not be accepted by MSPC though appointment is allotted to me and my next appointment will be scheduled by MSPC as per MSPC discretion. I hereby furnish following requisite information which is true and correct to the best of my knowledge-

1) First Name:\_\_\_\_\_Middle Name:\_\_\_\_\_Last Name:\_\_\_\_\_

2) Date of birth:\_\_\_\_\_

3) Present residential address:\_\_\_\_\_

4) Mobile:\_\_\_\_\_E-MailID:\_\_\_\_\_

5) Aadhar Number\_\_\_\_\_

6) Pharmacy Educational Qualification-\_\_\_\_\_

7) Qualification details

Sr No	Examination	Passing Date	Name of school/College	Board /University	State name
1	SSC (10 <sup>th</sup> )				
2	HSC/Intermediate (12 <sup>th</sup> )				
3	D.Pharm/Degree in Pharmacy or PharmD (Tick appropriate)				

In case of registered pharmacist of other state -Name of state pharmacy council \_\_\_\_\_  
Registration number \_\_\_\_\_ Date of registration \_\_\_\_\_ Valid up to \_\_\_\_\_

Further to this, with my free will I undertake as below-

- I have completed 18 years, possess registrable qualification from PCI approved institute that is (D Pharmacy /BPharm/PharmD) and also assure that eligibility or genuineness of my entry level qualification HSC for seeking admission to said course is verified by my pharmacy institute during/after admission procedure and/or independently. I also affirm that my HSC qualification along with registrable qualification is approved, genuine and true as per Education Regulation and Pharmacy Act -1948 provisions I am resident of Maharashtra State with proof of residence of this state and thus comply with provisions of section 32(2) of Pharmacy Act-1948
- I further state that presently I am neither registered with any councils like Maharashtra Homeopathy Council, Maharashtra Council of Indian Medicine, Maharashtra Medical council, Bar Council, Maharashtra Nursing Council, Maharashtra council of OT/PT or any Other Professional Council in Maharashtra or within India etc. and practicing such profession. I also undertake that in future if I register myself with any such Professional Council, I will inform same to MSPC and fulfill requisites prevalent at that time.
- I am also aware that final registration will be granted only after due verification of original documents by MSPC and college confirmation received in my case as per letter sent and NOC in case of transfer as part of verification process. I am fully aware that, as per council resolution, in the event of NON receipt of these verification within a period of 180 days after sending the letter to concerned authorities by MSPC office, my application for registration would deem to be cancelled without granting any registration number to me and simultaneously fees paid by me will be forfeited.
- Till date there is no history of any prosecution under law or action under section 36 of Pharmacy Act-1948, against me.
- I will not ask for registration unless said compliance is fulfilled for the purpose of registering my name in register of Pharmacist.
- I 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 assure to pay fees by payment gateway and I am aware that registration will be granted to me only after positive verifications as per MSPC requisites.
- 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, I shall be liable to be punished according to applicable legal provisions and I indemnify MSPC for legality and authenticity of submitted documents.
- I further undertake that during the tenure of my pharmacy course, I have not completed any other fulltime or part time education or worked at any premises.
- I declare whatever information furnished by me as above is true and correct and I am solemnly responsible for same
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Thanking you,

Applicants Name: \_\_\_\_\_ Signature \_\_\_\_\_