

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 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 I 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 hear by 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-Mail ID: _____

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 th)				
2	HSC/Intermediate (12 th)				
3	Diploma in Pharmacy/ Degree in Pharmacy/ Master in Pharmacy or PharmD (Tick appropriate)				

If Registered Pharmacist of other state, then Name of State-

1. Registration number _____ State _____
2. Registration Date _____ renewed up to _____
3. Name of Principal /head of department at that time _____

- Present date and place of settlement- _____

- Present employer name and address (if applicable) _____

- Reason of seeking Registration in MSPC _____

In case of Diploma in Pharmacy, Practical training center (500 hours training)-	
a) Name of training center- _____	b) Name of Apprentice Masters _____
c) Registration number/s- _____	

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 Pharm/B Pharm/Pharm D) 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 -91 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 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 MSPC requirement and No Objection Certificate (NOC) in case of reciprocal transfer of registration and other verifications if any as deem fit by Registrar-MSPC.**
- 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 the Register of Pharmacists maintained by MSPC
- 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 from appropriate authority.
- 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 shall be liable to be punished according to applicable legal provisions and I indemnify MSPC for legality and authenticity of all documents produced by me
- I further undertake that during the tenure of my pharmacy course, I have not completed any other full time or parttime education.

I declare whatever information furnished by me as above is true and correct and I am solemnly responsible for same

Thanking you,

Applicant's Name in Full: _____ Signature _____