

MAHARASHTRA STATE PHARMACY COUNCIL
R-Square, 4th Floor, Opp. ESIS Hospital Compound, LBS Marg, Mulund
(West), Mumbai 400080

ENROLLMENT FORM- Hon. Jagannathji (Appa) Sakharam Shinde Pharmacist
Suraksha Kavach Yojna

1. REGISTERED PHARMACIST DETAILS (APPLICANT)

Please ensure all details match your official MSPC registration records.

- **Full Name of Registered Pharmacist:**

- **MSPC Registration Number:** _____
- **Registration Date:** _____ **Registration Renewed up to/valid up to** _____
- **Date of Birth:** DD ____ / MM ____ / YYYY ____ (Age eligibility: 18 to 60 years)
- **Primary Mobile Number:** _____ **Email ID:** _____
- **Permanent Address:**

2. NOMINEE DETAILS

In the event of the unexpected accidental death of the pharmacist, financial support will be extended to the nominee listed below.

- **Full Name of Nominee:**

- **Date of Birth:** DD ____ / MM ____ / YYYY ____
- **Nominee Identity Proof:** [Aadhaar Card Number] _____
- **Mobile Number:** _____
- **Gender:** Male | Female | Transgender
- **Relationship with the Pharmacist** (Please check the appropriate box): Spouse | Son | Daughter | Father | Mother | Brother | Sister | Other: _____

MINOR NOMINEE SECTION (If the Nominee is under 18 years of age)

- **Full Name of Guardian and relationship with Minor Nominee**

- **Guardian Identity Proof:** (Guardian Aadhaar Card Number)_____

3. TERMS AND CONDITIONS

By enrolling in the Pharmacist Suraksha Kavach Yojna, I explicitly understand and agree to the following conditions:

1. **Scope of Scheme:** I am voluntarily enrolling in this scheme and fully understand that it provides financial support to my family solely and exclusively in the event of my unexpected accidental death.
2. **Age Eligibility:** I confirm that I meet the age eligibility criteria for this scheme, which is strictly between 18 and 60 years of age.
3. **Registration Validity:** I understand that my nominee/legal heir only will be eligible for this benefit if I hold a valid, active MSPC registration certificate both at the time of enrollment and at the time of the unexpected accidental event. Failure to maintain a valid registration renders this enrollment null and void.
4. **Claim Limitation Period:** The claim for financial support must be submitted by the nominee/legal heir to MSPC with all required supporting documents within three (3) months from the date of the unexpected accidental event.
5. **Council Authority:** I accept that any future updates, amendments, terms, or conditions implemented by the MSPC—as approved by the Executive Committee or Council resolution—shall be final and binding upon me.
6. **No Legal Dispute:** I acknowledge that this is strictly a voluntary welfare and financial support scheme funded through MSPC heads. Neither I nor my family members/legal heirs shall initiate any legal disputes, claims, or liabilities against MSPC regarding this scheme or its execution.
7. **Policy Independence:** I declare that enrollment in this scheme is independent of, and will not affect, any other external insurance policies or financial schemes I may hold. I willingly accept all consequences and conditions without any legal or financial burden placed upon MSPC.

4. SELF-DECLARATION

I hereby declare that all the information furnished by me in this application is true, accurate, and complete to the best of my knowledge and belief. I voluntarily agree to abide by all the rules, terms, and conditions of the Pharmacist Suraksha Kavach Yojna, and I accept any decisions made by the MSPC regarding the scheme as final.

Name and Signature of Registered Pharmacist

Date and place