

Statement of Acceptance

To be signed, scanned and uploaded by concerned Registered Pharmacist

I undersigned, (Put name of registered pharmacist) _____

Registration number _____ hereby undertake as follows-

- I am registered with MSPC as per above details and I am physically and mentally fit to practice pharmacy profession
- In conformity with MSPC Rules 1969 (Rule NO- 57(2)) a registered pharmacist who wishes to renew his registration ,may voluntarily remit Advance Renewal fee in lump sum (ARFL) in order to avoid difficulties arising out of inadvertent failure to pay the renewal fees every year in time, I am voluntarily paying registration renewal fees by enrolling in online registration portal.
- In future, if due to some reason this amount becomes inadequate to cover my renewal fees, I shall be glad to remit such additional amount as you may deem fit.
- In the event of conclusion of my registration on account of one of the following reasons, this amount of ARFL shall be treated as my donation to the council as per Rule 82 of MSPC Rules-1969 and I assure you that neither me nor my nominee or representative will claim for any refund of same from council.
 1. Transfer or migration to other state.
 2. Voluntary submission of Registration Certificate to council for practicing some other profession or for any other reason.
 3. Temporary or permanent cancellation of registration under section 36 of the Pharmacy Act-1948.
 4. Cancellation of registration on account of my death.
- I am aware that notwithstanding anything with my renewal status of registration, I am aware that for PPP renewal I need to visit personally to MSPC office or at place of Official PPP renewal camp organized by MSPC office.
- I consent to MSPC to receive recurring automated text messages and or email from MSPC regarding pharmacist registration and or professional updates from MSPC's Drug information center on mobile number and or email Id provided by me.
- I assure you that I will inform my updated residential or professional address if there is any change in the same.
- I will ensure that I will keep MSPC informed of my up to date mobile number and email Id at all times.
- I am aware of provision 4.2 of Pharmacy Practice Regulation-2015 and assure to abide by same in span of next 5 years and also, I will abide by provisions of Pharmacy Act-1948, Drugs and Cosmetics Act and other relevant Acts.
- I hereby declare that I have read and understood everything mentioned above and agree with same and will abide by it, I request you to make me participate under ARFL scheme.

Date:

Place:

Name of Registered Pharmacist : _____

Signature of Registered Pharmacist: _____