

## Statement of Acceptance

### **To be signed, scanned and uploaded by concerned Registered Pharmacist**

I, the undersigned, (Put name of registered pharmacist) \_\_\_\_\_  
Registration number \_\_\_\_\_ date \_\_\_\_\_ would like to apply for following online procedure  
(please tick appropriate box) and remit necessary charges by enrolling in MSPC online registration portal.

• Renewal of Registration Certificate	• New Copy and/or Change of Name on Registration Certificate
• Duplicate Copy of Registration Certificate	• Re-Entry of Registration Certificate
• New PPP	• Renewal Of PPP
• Letter of Good Standing for Foreign Countries	• Additional Qualification (B Pharm/M Pharm/Pharm D/Ph.D.) against my registration Number
• Subsequent Letter of Good Standing	• Other _____

Further, I hereby undertake as follows-

- I am registered with MSPC as per above details and I am physically and mentally fit to practice pharmacy profession
- Regarding renewal of registration, in conformity with MSPC Rules 1969 (Rule NO- 57(2), 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.

Documents uploaded by me for either of above procedures belong to me and are original, true and genuine and not forged or fabricated, I indemnify MSPC for authenticity of all documents uploaded by me

- 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 am responsible for authenticity of information furnished and documents uploaded

Date:

Place:

Name of Registered Pharmacist: \_\_\_\_\_

Signature of Registered Pharmacist: \_\_\_\_\_