

FORM 8
(See Rule 56)
FORM OF APPLICATION FOR REGISTRATION OF PHARMACISTS
(UNDER SECTION 33 OF THE PHARMACY ACT, 1948)

Valid for one year from the date of issue
PRICE Rs.25/-

<i>For office use</i>	<i>To be filled in by office</i>	<i>For office use</i>
Id _____ Inward No _____ Date _____	<u>Receipt details</u> Date _____ RR No _____ ARFL R No _____ PPP R No _____ DIB R No _____ Sign _____	Registration No- R / _____ PPP NO- N / _____ is registered u/s 32(2) <p style="text-align: right;">Registrar</p>

To,
The REGISTRAR,
MAHARASHTRA STATE PHARMACY COUNCIL ,
E.S.I.S. Hospital Compound L.B.S. Marg, Mulund (West), Mumbai – 400 080.
E mail:mspcindia@gmail.com

Dear Sir/Madam

I request that my NAME, ADDRESS AND QUALIFICATIONS as stated in the accompanying form may be registered under the Pharmacy Act, 1948, and that same may be furnished with a Certificate of Registration.

I enclose herewith for your perusal and return the certificates and diplomas in original and their copies for the record. The requisite fees as required under rules of the Maharashtra State Pharmacy Council Rules, 1969, is remitted in the office (as per the annexure). I hereby declare that I have read the provisions of Sec. 32(2) and 41 and all relevant provisions of the Pharmacy Act, 1948; I have myself filled the application form and all the entries in the form are true to the best of my knowledge and belief.

Date: _____ **Name:** _____ **Signature:** _____

In continuation of above, in conformity with MSPC Rules 1969 (Rule NO- 57(2)) I hereby voluntarily remit and request you to please accept the amount of Rs. _____ (Rs.

_____) as Advance Renewal fee in lump sum (ARFL) from me, paid in order to avoid difficulties arising out of my inadvertent failure to pay the renewal fees every year in time.

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) Cancellation of registration on account of my death,
- 3) Voluntary submission of Registration Certificate to council for practicing some other profession or other reason
- 4) Temporary or permanent cancellation of registration under section 36 of the Pharmacy Act-1948

I will inform you my residential or professional address if there is any change in the same. I further declare that presently I am neither registered with any other professional councils like Maharashtra Homeopathy Council, Maharashtra Council of Indian medicine ,Maharashtra Medical Council ,Bar council ,etc nor practicing such profession .I also undertake that in future if I register myself with any such professional councils ,I will inform same to MSPC and fulfill requisites prevalent at that time I am also fully aware of the directives of the Pharmacy Council of India, New Delhi regarding compulsory attendance of at least two refresher courses (Continued education program) in five years duration for further renewal of my registration.

I also understand that Pharmacist's Professional Profile is supplementary to Registration Certificate issued by Maharashtra State Pharmacy Council and this may be used as authorized proof of Identity. I also remit necessary charges towards the publications and bulletin published by Council's Drug Information Centre during this financial year.

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 and Pharmacist's Professional Profile.

Thanking you,

Yours faithfully,

Name

Signature (sign here) _____

ACCOMPANYING FORM

The name entered in application form must correspond with the name of the applicant entered at the university or other examinations certificate.

1. **Name in full, beginning with Surname** Surname

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 (In block Capitals) Name

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 Father's/Husband's Name

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Old Name (if any) _____

2 Date of birth _____ **3) Nationality** _____

4) Male / Female **5) Place and District of birth** _____

6) Residential Address in BLOCK letters
 (Should include House NO., Street name, Village, Town, Taluka, Dist and Pin code)

A. Permanent Address : _____

Taluka _ _____ District _____ Pin _____

B. Present/Correspondence Address : _____

Taluka _ _____ District _____ Pin _____

Residence Telephone No. _____ Mobile No. _____

E-mail ID. _____

7) Address of business or profession :- _____

8) Description of Qualification of which registration is desired along with documentary evidence.

Qualification		Year	Institute/College Name in full	Date of Passing (dd/mm/yyyy)
Diploma	Degree			
1 st Year	1 st Year			
2 nd Year	2 nd Year			
	3 rd Year			
	4 th Year			

Additional Qualification(if any)	Year	Institute/College Name in full	Date of passing (dd/mm/yyyy)
B.Pharm			
M.Pharm			
Ph.D.			

Signature of the Applicant

For Registered Pharmacist of other State : Registered with _____ State pharmacy Council bearing Registration number _____ dated _____ renewed up to _____

Signature of Applicant - _____

IDENTITY SLIP
(To be attested)

Passport
Size, front pose,
Recent photo
3.5cmX4.5cm

This is to certify that I know
Shri./Smt _____
Residing at (Address) _____

for the last _____ Years and he/she bears good moral character. I Further certify that
the adjunct photograph & Specimen signatures in quadruplicate (4) of Shri / Smt. _____
_____ are recent.

**Signature & SEAL of
the Principal/
Gazetted officer/Officer of Equivalent rank**

Applicant's Signatures

Application id-*(to be filled in at the time of Registration)*- _____

To,
The Registrar-MSPC

I, *(put your name)*- _____ submit

Here with my recent photo and signature for scanning purpose .

Passport
Size, front pose,
Recent photo
3.5cmX4.5cm

AFFIX HERE

(Sign in the box below)

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Important

Dear Applicants, please submit your recent ,front pose(both ears should be visible) photographs of size **3.5cmX 4.5cm** only as Registration Certificate will bear your scanned photo and scanning quality is hampered if photos are not of appropriate size .Side pose photos and Photos with cap or head gear will not be allowed. For better printing quality you may submit photos preferably with white background and dark colored outfit (dress)

ANNEXURE

FOR DIPLOMA IN PHARMACY

- Application form duly filled in by the APPLICANT in his neat legible hand
- **Four** recent, passport size, front pose (both ears should be visible) identical Photographs **(3.5cmx4.5cm)** One of those may be used for identity slip. Photos with cap or head gear will not be allowed.
- First and Second year Original Mark list issued by the concerned examining body and Photo Copy of same
- Original 500 hours Practical Training Certificate duly signed by the Principal of the Concerned pharmacy institute.
- Pharmacy College Leaving Certificate in original and photo copy of the same.
- S.S.C. passing certificate (mentioning Date of Birth) in original and photo copy of the same.
- Copy of the proof of the residence in Maharashtra State (ration card/domicile certificate/election card/Aadhar Card/Passport duly attested.
- Identity slip attested by **Principal/ Gazetted Officer/Officer of Equivalent rank** of this state.
- For the applicants having **diploma from other states**, they should submit **original diploma certificate** and two photo copies of the same

FOR DEGREE IN PHARMACY

- Application form duly filled in by the APPLICANT in his neat legible hand
- **Four** recent, passport size, front pose (both ears should be visible) identical Photographs **(3.5cmx4.5cm)** One of those may be used for identity slip. Photos with cap or head gear will not be allowed.
- Final year Original Mark list issued by the concerned University and Photo Copy of same
- Degree convocation certificate in original and one photo copy of same
- B.Pharmacy College Leaving Certificate in original and photo copy of the same.
- S.S.C. passing certificate (mentioning Date of Birth) in original and photo copy of the same.
- Copy of the proof of the residence in Maharashtra State (ration card/domicile certificate/election card/Aadhar Card/Passport duly attested.
- Identity slip attested by **Principal/ Gazetted Officer/Officer of Equivalent rank** of this state.

* **Please note that** Registration Certificate will bear your scanned photo and scanning quality is hampered if photos are not of appropriate size

* In case of **married female candidates** who want to have new name(after marriage) on Registration certificate please submit **marriage certificate** issued by Registrar Of Marriage or by appropriate authority and **residence proof with new name**

Download Affidavit format A and get it notarized on Rs. 100/- stamp paper

If you have passed your degree or diploma from Maharashtra state before 3 years of application **OR** If you have passed your degree or diploma from out of Maharashtra state.

Download Affidavit format B and get it notarized on Rs. 100/- stamp paper

If you are Registered Pharmacist of other state and seek transfer of registration.

FEES TO BE REMITTED AT THE TIME OF REGISTRATION -

1) Form Fee Rs. 25/-	2) Registration Fees Rs. 100/-	3) Postage Rs. 100/-
4) P.P.P. Charges Rs. 200/-	5) Service Charges: Rs. 500/-	6) DIC Publications Rs.250/-
7) Additional Qualification charges -Rs 50 /- for each qualification (if applicable)	9) Change of name charges -Rs 20/-(if applicable)	

For renewal of Registration -Advance Renewal fees in lump sum (ARFL)- You may opt for either of the following three options. The fees amount mentioned below is based on present renewal fee of Rs 50/-(fifty only) per year. ARFL will change subject to fee revision, if any in future.

- a) ARFL-Rs 1500/- for renewal of thirty years
- b) ARFL-Rs 1000/- for renewal of twenty years
- c) ARFL-Rs 500/- for renewal of ten years

Disclaimer: The information furnished is to help students in the process of getting themselves registered but Council and Registrar reserves the right to ask for any supplementary document and or refer to appropriate authority in addition to the documents mentioned in annexure from the candidates applying for registration depending on the case
