

FORM – ‘C’
(VIDE RULE 38)

AFFIX
RECENT
PASSPORT SIZE
PHOTO
WITH NAME AND
DATE

Application for Registration

Under section 33 of Pharmacy Act (VIII of 1948)

To,

The Registrar,
Rajasthan Pharmacy Council,
Govt. Dispensary Campus, Sardar Patel Marg,
JAIPUR – 302006, Phone – 0141-2228600

Sir,

I request that my name be entered in the REGISTER OF PHARMACISTS maintained by the RAJASTHAN PHARMACY COUNCIL, under section 32 of the Pharmacy Act, 1948 (VIII of 1948), and that on such entry I may be furnished with a certificate of registration.

I have given the particulars required on the reverse, and I declare that they are correct, and that I reside / carry on the business or profession of pharmacy in the State of Rajasthan, my address being as given below.

The prescribed application fee of **Rs. 1000/-** One thousand only is paid here with vide IPO / DD/Banker Cheque No. date drawn in favour of ‘Registrar Rajasthan Pharmacy Council, Jaipur’.

The under mentioned diplomas / certificates / documents are enclosed in original with one attested photocopy and it is requested that they be returned to me on the disposal of the case.

1. SECONDARY SCHOOL CERTIFICATE (Mark sheet is not acceptable) .
2. SENIOR SECONDARY CERTIFICATE / Mark sheet
3. DEGREE / DIPLOMA/PROVISIONAL Certificate issued by University / Board as a proof of having Passed approved examination of Pharmacy. (Provisional Certificate issued by college is not acceptable).
4. MARK SHEET OF Degree / Diploma Pharmacy.
5. PRACTICAL TRAINING completion form in case of D.Pharm candidates only.
6. CERTIFICATE OF REGISTRATION as a Pharmacist issued by other State Pharmacy Council (with two attested photocopies)
7. Two latest passport size Photo with name and date printed on it. One Photo to be affixed on application form.
8. AFFIDAVIT in support of documents and other details.
9. Latest Proof of residing / carrying on profession or business of pharmacy in Rajasthan (Election Photo ID Card, Passport, Bill of Electricity/Water/Telephone, Ration card etc.)

Bonafide resident certificate is not admitted as a proof of resident.

10. I under take to inform the Registrar Rajasthan Pharmacy Council my professional address immediately after taking up employment (as a registered pharmacist / competent person on any drug license or any other employment) and also promise to inform every change in my professional address / employment.

Yours faithfully

Full Name : _____

Address : _____

_____ Pin _____

Applicant
Signature

PARTICULARS TO BE FURNISHED BY THE APPLICANT

Name (in block letters) _____
Year of Passing the matriculation examination or its recognized equivalent; with the name of the University or other examining body from which passed.

Name of Board _____ Year _____

Father's Name _____ Nationality _____

Date of Birth _____ Place of Birth _____

Residential Address _____

_____ Pin _____

Qualification for registration (i) D.Pharma / B.Pharma _____
(ii)Registered Pharmacist with _____ State Pharmacy Council

Professional Address _____

_____ Pin _____

Employment, if any, name of the employer _____

Note :- It is duty of every *Registered Pharmacist to inform the Registrar Rajasthan Pharmacy Council his professional address immediately after taking up employment (as a registered pharmacist / competent person on any drug license or any other employment) and he should also keep on informing every change in his professional address / employment*

(Applicant Signature)

Name in full _____

Address _____

Date _____

Place : _____

Pin _____