

From,

Dt.

To,

**The Registrar,
Pondicherry Pharmacy Council,
Govt. Pharmacy Campus,
Indira Nagar, Gorimedu,
Puducherry-605 006**

Affix a
recent
Passport
size

Sir,

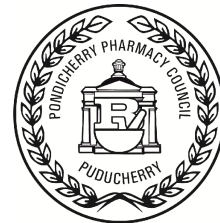
I -----, S/o, D/o-----
Regn. No: PPC/.....request to apply for the registration of the
additional qualification of which I have obtained B.Pharm./M. Pharm./ Ph.D.,
in-----from -----.
The attested Xerox copies of the following certificates and requisite fee of
Rs..... is enclosed for your kind perusal. I hereby declare that I had
completed my additional qualification (B.Pharm/M.Pharm) in full-time basis.

Thanking you,

Yours faithfully,

Enclosure: Attested Xerox copies of:-

**1). Provisional / Degree certificate 2). Mark Statements of additional degree
3). Transfer Certificate 4).Council Registration Certificate 5). Transfer
certificate of previous diploma/degree qualification 6). Passport size Photo-
2Nos with name on its back side and 6). PO/Demand draft for Rs.255/-(In
favour of "The Registrar, Pondicherry Pharmacy Council-Payable at
Puducherry).**



FORM H[See Rule 58(1)]
APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATION

01.	Name (in capital letter)	
02.	Father's Name	Thiru.
03.	Registration Number	PPC/
04.	Date of Registration	
05.	Date of birth	
06.	Residential Address with Phone Number &E-mail ID	
	Moile:	Email:
07.	Additional Qualification to be registered :	
08.	Details of Institution and Board/University from which qualified	
	First diploma/degree Institution and Board/University	Additional degree Institution and University
	Period of study:	
	From	To
	From	To
AFFIDAVIT		
I.....S/o, D/o.....		
hereby declare that the particulars furnished above are true to the best of my knowledge. If any of the above be proved false, I shall be held responsible and my registration may be cancelled.		
Place:	Signature:	
Date:	Name:	

For office use only

1. DD/PO No.....2. Date of receipt of appln.....3. Receipt No.&date.....

Registrar.

(By Notary Public/Sub-Divisional Magistrate/Executive Magistrate)

AFFIDAVIT

FOR ADDITIONAL REGISTRATION OF DEGREE TO PONDICHERRY PHARMACY COUNCIL

I, -----S/o / D/o-----residing at -----
-----do hereby solemnly affirm and declare as under:-

1. That I am residing on the above said address for the last-----years.
2. That my Pondicherry Pharmacy Council Registration Number -----and my Registration date -
.....
3. That my previous qualification wasand I have completed my additional degree during the year----- fromapproved by PCI u/s 12 of the Pharmacy Act. I was done the above course on full time regular basis.
4. That I was not worked in any other place, while I pursuing my additional degree (B.Pharm./ M.Pharm. / Pharm.D) course in the above institute.
5. That all the documents submitted by me for registrations are true and genuine the documents submitted by me for registration is to be proved false, I shall be held responsible and my registration may be cancelled.
6. I had not registered my Degree in any other State Pharmacy Council in India.

Deponent

Verification

Verified that the contents of the affidavit are true to best of my knowledge and nothing has been concealed therein.

Today the -----Month-----Year-----

Deponent