

PONDICHERRY PHARMACY COUNCIL
RENEWAL/RETENTION REQUIREMENTS

(RENEWAL PERIOD FROM 1ST DECEMBER OF CURRENT YEAR TO 31ST MARCH OF NEXT YEAR)

[Note-Pharmacists who have renewed upto current year are eligible for 1 year/ 5 years renewal. The Pharmacists who have not renewed upto current year and those who are going to restore their registration are eligible for 1 year only]

FEES AND REQUIREMENTS

1). Retention/Renewal (1 year) (Pharmacist in person/by Messenger/by Post)

For 1 year renewal-

- Xerox copy of- Council Regn Certificate.
- Previous year fees paid receipt Xerox copy.
- Fees Rs. 25/- (by PO/DD- in the name of “The Registrar, Pondicherry Pharmacy Council”-Payable at Puducherry).
- Please enclose a self addressed and stamped envelope (Applicable to Pharmacist who wishes to renew by Post).

2). Retention/Renewal (5 years) (Pharmacist must come in person)

For 5 years renewal-

- Pharmacists who have renewed up to current year are eligible for 5 years renewal.
- Xerox copy of Council Certificate.
- Previous year fees paid receipt Xerox copy.
- Photo-1 No with Name on its back side.
- Original Council Registration certificate.
- Fees Rs. 255/- (by PO/DD- in the name of “The Registrar, Pondicherry Pharmacy Council”-Payable at Puducherry)

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RENEWAL/ RETENTION REQUIREMENTS

RENEWAL FOR 5 YEARS PERIOD:-

- PHARMACIST MUST COME IN PERSON.
- PHARMACISTS WHO HAVE RENEWED UP TO CURRENT YEAR ARE ELIGIBLE FOR 5 YEARS RENEWAL.
- ORIGINAL PHARMACIST REGISTRATION CERTIFICATE.
- PASSPORT SIZE PHOTO-1No (Name and PPC number on its backside).
- RENEWAL FEE OF Rs. 255/- (Mode of payment:-Demand draft from any nationalized bank or Postal Order in favour of “The Registrar, Pondicherry Pharmacy Council” Payable at Puducherry and please write the name and PPC number on its back side).
- XEROX COPY OF PHARMACIST REGISTRATION CERTIFICATE.
- XEROX COPY OF PREVIOUS RENEWAL RECEIPT.

RENEWAL FOR 1 YEAR PERIOD:-

- PHARMACIST IN PERSON (OR) BY POST (OR) BY MESSENGER.
- RENEWAL FEE OF Rs. 25/- (Mode of payment:- Postal Order (OR)Demand draft from any nationalized bank, in favour of “The Registrar, Pondicherry Pharmacy Council” payable at Puducherry)
- XEROX COPY OF PHARMACIST REGISTRATION CERTIFICATE.
- XEROX COPY OF PREVIOUS RENEWAL RECEIPT.
- SELF ADDRESSED STAMPED ENVELOP (Applicable to renewal by Post).
- WITNESS CERTIFICATE FROM REGD. PHARMACIST (Applicable to renewal by Post/Messenger).



PONDICHERRY PHARMACY COUNCIL

(STATUTORY BODY CONSTITUTED UNDER SECTION 19 OF THE PHARMACY ACT, 1948)

Govt. Pharmacy Campus, Indira Nagar, Gorimedu

Puducherry-605 00

Web: ppc.org.in/ Email: ponphacil@gmail.com



APPLICATION FOR RENEWAL OF REGISTRATION (1 year/5Years)

01	Registration Number	PPC/	A-I	A-II	C	D
02	Date of Registration					
03	Name (in capital letter)					
04	Father's Name	Thiru.				
05.	Residential Address with Phone Number &E-mail ID					
	Mobile:					Email:
06	Qualification:					
07	Professional details					
	Previous Address			Present Address		
	Period of Service:			Period of Service:		
	From	To	From	To		
08	Date of birth					
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:			

From:

Date:

To,
The Registrar,
Pondicherry Pharmacy Council,
Puducherry.

Sir,

I,.....PPC/ / request you that my Pharmacist Registration Certificate may please be renewed for the year 201 . A renewal fee of Rs. -----is remitted by Postal order/DD Number with Bank/PO namedated.....). A self addressed, sufficiently stamped envelope is enclosed herewith.

Thanking you,

- Enclosures: 1). Filled in application form
 2). Retention fee Rs.25/- or Rs. 255/-
 3). Xerox copy of Registration certificate
 4). Previous renewal receipt details

yours sincerely,

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APPLICABLE ONLY FOR PHARMACISTS WISH TO RENEWAL BY POST/MESSENGER
WITNESS CERTIFICATE

I,.....PPC/...../..... certify that The particulars furnished in renewal application by Mr/Mrs/Ms.....PPC /...../.....Is true and correct to the best of my knowledge and belief . I am liable for penal action if the above particulars are proved to be false.

Current year renewal receipt no. & date:
Address:

Signature with date

+++++
FOR OFFICE USE ONLY

- 1). Date of receipt of application: 2). Amount remitted Rs:
 3). Receipt No & date: 4). DD/PO No.:

VALID UPTO DECEMBER-----

REGISTRAR