

PONDICHERY PHARMACY COUNCIL
RESTORATION OF REGISTRATION

- The restoration can be done throughout the year (1st April to 31st March).
- During restoration the Pharmacist is eligible for 1 year renewal only.
- The Pharmacist must come in person.
- Requirements:
 - Original Council Registration Certificate
 - Xerox copy of Registration Certificate
 - Xerox copy of previous fees paid receipt
 - Passport size photo-1No.
 - Fees –DD/PO in favour of “The Registrar, Pondicherry Pharmacy Council-Payable at Puducherry.

(Restoration fee-Rs.500 + Penalty and Renewal fee-Rs.120 per year upto previous year +Renewal fee for current year-Rs.20 + Application fee-Rs.5).

Examples-

1).Renewed upto 2010=Rs. 500+ Rs.360 (for 2011, 12 &13) +Rs.20 (for current year) +Rs.5=Rs.885.00.

2).Renewed upto 2011=Rs.500+Rs.240 (for 2012 & 2013) +Rs.20 (for current year) +Rs. 5=Rs.765.00.

3).Renewed upto 2012=Rs.500+Rs.120 (for 2013) + Rs. 20 (for 2014)+ Rs.5=Rs. 645.00.



PONDICHERRY PHARMACY COUNCIL

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

Govt. Pharmacy Campus, Indira Nagar, Gorimedu
Puducherry-605 006

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



FORM L [See Rule 73(3)]

ADDITIONAL INFORMATIONS REQUIRED FOR THE RESTORATION

01.	Name (in capital letter)		
02.	Registration No.& Date		
03.	Father's Name	Thiru.	
04.	Residential Address		
	Phone No.	Email:	
05.	Qualification at the time of Regn.	Additional qualification if any:	
06.	Date of Birth:		
07.	Occupation details		
	Previous		Present
	Phone No. Email:		Phone No. Email:
Period of service:		Period of service:	
From		To	From
			To

Signature of the Pharmacist

FOR OFFICE USE ONLY

- | | |
|--|--------------------------|
| 1). Date of receipt of application: | 2). Receipt No and date: |
| 3). Amt. Remitted Rs.
(Restn. fee Rs.500/-+ Penalty with renewal fee Rs | 4). DD/PO No. with date: |
| + Current year Renewal fee Rs. 20/- + Application fee-5/-) | |

VALID UPTO DECEMBER.....

REGISTRAR



PONDICHERRY PHARMACY COUNCIL
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FORM- L

[See Rule 77(3) of Pondicherry Pharmacy Council Rules, 1972]

APPLICATION FOR RE-ENTRY IN THE REGISTER OF PHARMACISTS OF NAME REMOVED UNDER SECTION 34(2)

To,
 The Registrar,
 Pondicherry Pharmacy Council,
 Puducherry.
 Sir,

I,

Son/Daughter of.....PPC/.....,

holding the qualification of D.Pharm/B.Pharm/Pharm.D., residing
 at _____,

_____ do solemnly and sincerely declare the following.

My name was duly registered in the register on _____ in respect of the qualifications Viz. D.Pharm/B.Pharm/Pharm.D., on the date of the removal of my name. I was registered in respect of the same qualifications and also in respect of the following additional qualification namely Nil/B.Pharm/M.Pharm/Pharm D(PB)/Ph.D. The PPC removed my name from the register on 01.04.20 for default in payment of renewal fee. I have been residing at the above address since _____ and my occupation has been Pharmacist. It is my intention, if my name is restored in the register, I shall continue as Registered Pharmacist.

Declared at Puducherry on

Yours faithfully,

Witness (From Registered Pharmacist of PPC)

Signature:
 PPC Registration No.:
 Current renewal receipt No. with date:
 Name & Address: