

REQUIREMENTS OF DOCUMENTS FOR TRANSFER OF REGISTRATION FROM OTHER STATES
COUNCIL TO PONDICHERRY PHARMACY COUNCIL

1. File cover of card board with tag (Tagged file).
2. Prescribed Form-G to be filled (Available in the Council/ Web).
3. Registration fee of Rs. 755/- as DD or Postal order in the name of "The Registrar, Pondicherry Pharmacy Council"-Payable at Puducherry.
4. Three Passport size photo with name at the backside.
5. Original affidavit on non-judicial stamp paper of Rs.10/- duly attested by Notary Public/Sub-Divisional Magistrate/Executive Magistrate. (The language of judicial paper enclosed along with the application).
6. Original Registration certificate of the State Pharmacy Council where the Pharmacist had already registered.
7. Original NOC issued by the Council where the Pharmacist had already registered.

ONLY PHOTOCOPY OF THE FOLLOWING DOCUMENTS DULY ATTESTED BY THE GOVERNMENT GAZETTED OFFICER

8. Diploma/Degree in Pharmacy certificate from the college/University (or) Provisional certificate issued from the college/University showing passed Diploma/Degree in Pharmacy examination.
9. Mark sheet of Diploma/Degree in Pharmacy of all the Semesters/years.
10. Practical Training certificate of 500hrs from PCI recognized Government/Semi-Government/ Government aided hospitals. (For Diploma in Pharmacy candidates only).
11. S.S.L.C/Metric & H.S.C Mark sheet/Pass certificate showing date of birth and father's name.
12. Ration card showing name and address.
13. Residence certificate issued by competent authority (or) Voter's ID card/Driving License.
14. One photocopy of the Pharmacist Registration certificate duly attested by the Gazetted officer.

(Note: - All Original documents to be shown to the Registrar/authority on the day of receipt of Pharmacist Registration Certificate)

**FOR TRANSFER OF REGISTRATION FROM OTHER STATES PHARMACY COUNCIL
TO PONDICHERRY PHARMACY COUNCIL**

AFFIDAVIT

I, -----S/o / D/o-----
residing at -----

do hereby solemnly affirm and declare as under:-

1. That my qualification is only and I have completed my Diploma/Degree from(Name of the Institute)(Affiliated with University/Board) during the year-----as full time basis.
2. That I am permanent resident of above said address for the last-----years.
3. That I had registered as Pharmacist with -----State Pharmacy Council with Regn. No. -----Dated-----.
4. That all the documents submitted by me for registrations are true and genuine.
5. That the reason of my transfer of Registration is
6. That if any of the documents submitted by me for registration is to be proved false, I shall be held responsible and my registration may be cancelled.

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

From,

To,
The Registrar,
Pondicherry Pharmacy Council,
Indira Nagar, Gorimedu,
Puducherry-605 006.

Sir,

Sub: - Request to register my name as Pharmacist under The Pharmacy Act, 1948-reg

I request you to kindly register my name under The Pharmacy Act, 1948, and I may be furnished with a certificate of registration. I enclose herewith the following documents/certificates with registration fee for your kind perusal.

1. File cover of card board with tag (Tagged file).
2. Registration fee of Rs.....Bank----- DD No. -----
Dated, -----, infavour of "The Registrar, Pondicherry Pharmacy Council", Payable at Puducherry. The name and address of the candidate at the backside of the DD.
3. Three Passport size photo with name at the backside.
4. Original affidavit on non-judicial stamp paper of Rs.10/- duly attested by Notary Public/Sub-Divisional Magistrate/Executive Magistrate.
5. Attested Xerox copy of Diploma/Degree in Pharmacy certificate from the college/University (or) Provisional certificate issued from the college/University showing passed Diploma/Degree in Pharmacy examination.
6. Attested Xerox copies of Mark sheets of Diploma/Degree in Pharmacy of all the years.
7. Attested Xerox copy of Transfer Certificate.
8. Original receipt of No Objection Certificate and Original Pharmacist Registration Certificate (applicable for transfer of registration)
9. Attested Xerox copy of Practical Training certificate of 500hrs from PCI recognized Government/Semi-Government/ Government aided hospitals. (For Diploma in Pharmacy candidates only).
10. Attested Xerox copies of S.S.L.C/ Metric, H.S.C Mark sheet & Birth certificate showing date of birth and father's name.
11. Attested Xerox copy of ration card showing name and address.
12. Attested Xerox copy of residence certificate issued by competent authority (or) Voter's ID card/Driving License.

I hereby declare that I had read carefully and understood the instructions and particulars supplied to me and that all the entries in application are true to the best of my knowledge.

Thanking You,

Yours faithfully,

FOR OFFICE USE ONLY

1). Date of receipt of application:

2). Amount remitted Rs:

3). Receipt No & date:

4). DD/PO No.:

Registrar



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 G [See Rule 56]

APPLICATION FOR REGISTRATION OF PHARMACIST

01.	Name (in capital letter)			
02.	Father's Name	Thiru.		
03.	Nationality			
04.	Place of birth			
05.	Date of birth			
06.	Residential Address with Phone Number &E-mail ID			
	Mobile:	Email:		
07.	Qualification :			
08.	Date of obtaining the diploma/degree:			
09.	Information about Institute, Board/University and Training center			
	Name, address of the Institute and Board/University		Name and address of the Training center	
	Period of study:		Period of training:	
	From	To	From	To
10.	Other council registration details if any			
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:		Date:		
Signature:		Name:		

INSTRUCTIONS

1. All particulars of the application must be filled in by the applicant in neat legible hand. Incomplete applications may be rejected.
2. The name and particulars entered in his application must exactly correspond with the name and particulars of the applicant entered at the University or other examinations.
3. Application fee and Registration fee should be paid in by demand draft infavour of the Registrar, Pondicherry Pharmacy Council, full name and address of the applicant should be given, else it may be rejected.
4. If the space for giving particulars is not found sufficient they may be given on a separate sheet and attached to the application.
5. Section 31, 32, 32A and 41 of the Pharmacy Act, 1948, are produced as annexure for information of the applicant.