



## PHARMACY COUNCIL OF INDIA

(Constituted under the Pharmacy Act, 1948)

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### Circular

Ref. No. 12-10/2000-PCI / 1392

JUN 2021

15 JUN 2021

To

All State Pharmacy Councils / Registration Tribunals.

**Sub: Guidelines for issue of Good Standing Certificates to Pharmacy Graduates by State Pharmacy Council.**

**Ref:** Council's Circular No.12-10/2000-PCI / 24294-327 dt. 22.9.2011

Sir/Madam

This is in continuation to Council's above cited circular dt. 22.9.2011 conveying guidelines for issuance of Good Standing Certificate by the State Pharmacy Councils. A copy of the same is enclosed as **Annexure-I**.

The PCI reiterates the same with inclusion of para 15 in the "Application Form" to be submitted by an applicant to State Pharmacy Council.

The State Pharmacy Councils are requested to suitably verify the details at its end and issue Good Standing Certificate to the applicant.

Yours faithfully

(ARCHANA MUDGAL)

Registrar-cum-secretary

Regd.

Annexure-I

Ref. No. 12-10/2000-PCI / 24294-327 dt. 22.9.2011

- To All State Pharmacy Councils / Registration Tribunals.

Sub: Guidelines for issue of Good Standing Certificates to Pharmacy Graduates by State Pharmacy Council.

Sir/Madam

With reference to the subject cited above, I am directed to inform that 88<sup>th</sup> /CC in its meeting held in August, 2011 has –

- a) approved the Guidelines for issue of Good Standing Certificates to Pharmacy Graduates by State Pharmacy Councils. A copy of the said guidelines is enclosed herewith as **Appendix-I**.
- b) decided that the State Pharmacy Council can charge fee for issuance of Good Standing Certificate and fee should not be more than INR 1000/-.

This is necessary action at your end.

Yours faithfully

(ARCHNA MUDGAL)  
Registrar-cum-Secretary



**Guidelines for issue of Good Standing certificates to pharmacy graduates to be used by State Pharmacy Council.**

1. Institute should be approved by PCI u/s 12 of Pharmacy Act, 1948.
2. The applicant is required to submit a request for issue of certificate stating the purpose for which certificate of good standing is required & submit the communication of concerned body / Institution requiring the same.
3. Applicant has to submit the fees of Rs. \_\_\_\_\_ in the form of D.D. In favour of \_\_\_\_\_.
4. The application form for obtaining certificate of Good Standing is attached as **Appendix-A**.

## Application Form for Obtaining a certificate of Good Standing from State Pharmacy Council

1. Name of the applicant with address as give in the State Pharmacist Register : \_\_\_\_\_
2. Present Address : \_\_\_\_\_  
\_\_\_\_\_
3. Qualifications : \_\_\_\_\_
4. Name of the College : \_\_\_\_\_  
\_\_\_\_\_
5. Name of the University : \_\_\_\_\_
6. Year of admission : \_\_\_\_\_
7. Year of passing : \_\_\_\_\_
8. State Pharmacy Council with which registered. : \_\_\_\_\_
9. Registration No. and date : \_\_\_\_\_
10. Date of validity : \_\_\_\_\_  
\_\_\_\_\_
11. Place at which he has worked during the Last 5 years with full details (Please use Separate sheet if space is not sufficient) : \_\_\_\_\_  
\_\_\_\_\_

Name of Organization	Designation	Nature of duties performed	From (Date)	To (Date)



12. Two testimonials of character and conduct from persons of standing, (IN ORIGINAL) (From Principal, Professors, M.P.s, M.L.A.'s, Central or State Govt. Class I Officers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Name and full address and Telephone No. of two pharmacy professional who personally know the applicant to whom a reference can be made. (Persons who have issued testimonials should not be referred in this Column.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Certificate of Good Standing will be issued by the Registrar, State Pharmacy Council All correspondence should be directly made to the Registrar, State Pharmacy Council.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Legal matters pending if any in the various Court in India or elsewhere (If yes, provide details).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date.....

**SIGNATURE OF THE CANDIDATE**

Recommendation of the STATE PHARMACY COUNCIL:

Certified that the particulars given above are correct to the best of my knowledge and according. The records available with me.

Certified that the pharmacist holds current registration with this Council and no disciplinary proceedings had been taken or were in progress against him / her on this day by this council.

Date ..... 20

**REGISTRAR**

**State Pharmacy Council**