

**Regd.**

Ref.No.50-100(R)/2009-PCI/49423-56

Dated : 19.6.2012

**All the State Pharmacy Councils/Registration Tribunals**

**Sub: Registration procedure of Pharm.D. (Doctor of Pharmacy) passed out students.**

**Ref: *Our letter No.50-100(R)/2009-PCI/28059-92 dt.17.1.2011.***

Sir/Madam

This is in reference to Council's above cited communication forwarding therewith registration procedure for Pharm.D. (Doctor of Pharmacy) passed out students to be followed by the State Pharmacy Councils / Registration Tribunals. It has been learnt that some of the State Pharmacy Councils are not following the said procedure.

In view of above, it is requested to –

- a) follow the said registration procedure, a copy of which is again enclosed herewith as **Appendix-I** for your ready reference.
- b) register these Pharm.D. students as **“Doctor of Pharmacy”** u/s 32(2) of the Pharmacy Act, 1948.
- c) maintain separate register for Pharm.D. registrations and forward the same to PCI for Central Register.
- d) ensure that following conditions of section 32(2) of the Pharmacy Act, 1948 are strictly complied with -
  - i) the candidate shall be of 18 years or more.
  - ii) he/she should reside or carry on the business or profession of pharmacy in the State.
  - iii) he/she should have pass an approved examination i.e. he/she should have pass the Pharm.D. course from an institution approved by the PCI u/s 12 of the Pharmacy Act.
  - iv) the approval status of such institutions can be verified from -
    - Council's website “www.pci.nic.in”.
    - Council's Notifications issued from time to time.

.2.

Please note that if the course is approved only for the “conduct of study” and not u/s 12 of the Pharmacy Act for the purpose of registration as a pharmacist, students are not eligible for registration.

This is for necessary action at your end.

Yours faithfully

**(ARCHNA MUDGAL)**  
**Registrar-cum-Secretary**

# **REGISTRATION PROCEDURE FOR**

- **Pharm.D**

- **Pharm.D (Post Bacculaureate)**

**(as proposed by Pharmacy Council of India)**

## **A. Guidelines for Registration :**

### **1. Qualification for Registration**

As per regulation 2. of Pharm.D Regulations, 2008, notified in the Gazette of India, dated 10<sup>th</sup>- 16<sup>th</sup> May, 2008, the following qualifications besides D.Pharm & B.Pharm are approved by the PCI for the purpose of registration as a pharmacist u/s 32 (2) of the Pharmacy Act, 1948.

a) Pharm.D

- 6 years course after 10+2 or D.Pharm.

b) Pharm.D (Post Bacculaureate)

- 3 years course after B.Pharm. (B.Pharm holder gets direct admission in 4<sup>th</sup> year Pharm.D.)

For the purpose of registration under the Pharmacy Act, it is mandatory that the above qualifications shall be acquired from an institution approved by the PCI u/s 12 of the Pharmacy Act for Pharm.D.

### **2. Registration**

After the completion of the complete course from an approved institution including hospital internship, the applicant may apply in the Form alongwith fee prescribed by the Council for the purpose of registration u/s 32(2) of the Pharmacy Act, 1948.

.2.

## **B. Registration Procedure :**

1. On receipt of request from the candidate, the State Pharmacy Council shall issue procedure to candidate giving details of documents desired for registration alongwith “Application Form”.
  - A copy of said procedure is enclosed as **Appendix-A.**
  - A copy of “Application Form” to be filled in by the candidate for submission to State Pharmacy Council is enclosed as **Appendix-B.**
2. The candidate will fill in the application form and submit the same to State Pharmacy Council as per enclosed application **Appendix-C** with the requisite fee.
3. After verification of the documents, the State Pharmacy Council will issue Registration Certificate. The format of registration certificate is enclosed as **Appendix-D.**

## **Appendix-A**

To : (Candidate)

**Sub: Registration as a Pharmacist under the Pharmacy Act, 1948.**

**Ref:**

Sir/Madam

With reference to the subject cited above, please find enclosed herewith application form (**Appendix-B**) for registration under the Pharmacy Act. Please fill in and submit the same in person on \_\_\_\_\_ at \_\_\_\_\_ alongwith following documents.  
(Date) (Time)

### **For Registration**

1. D.D. of Rs. \_\_\_\_\_ (fee) drawn in favour of Registrar \_\_\_\_\_ (Name of State Pharmacy Council) as registration fee.
2. Original documents with two attested copies in support of -
  - a) age proof (10<sup>th</sup> Certificate)
  - b) 10+2 certificate (Science academic stream)

**Or**  
a copy of D.Pharm certificate awarded by the University/Board.

**Or**  
a copy B.Pharm degree awarded by University in case of Pharm.D (Post Baccalaureate).

.2.

- c) student ID card issued by the institution.
- d) Pharm.D Degree/Provisional certificate issued by the University.

3. Self addressed \_\_\_\_\_ envelope with Postal stamps of Rs. \_\_\_\_\_.  
(size)

4. \_\_\_\_\_ No. of recent stamp size photographs.

Yours faithfully

**Signature**

**Name of Registrar**

**Name of State Pharmacy Council**

**APPLICATION FORM FOR REGISTRATION  
OF PHARMACIST  
(UNDER SECTION 32(2) OF THE PHARMACY ACT, 1948)**

**INSTRUCTIONS**

1. All particulars of the application must be filled in by the applicant in neat legible hand. Incomplete application will be rejected.
2. The name entered in the application must exactly correspond with the name of the applicant entered in the University or other examinations.
3. If the space for giving particulars is not found sufficient, a separate sheet may be attached to the application and Page No. of the attached sheet be indicated in the main body of Application Form.

# APPLICATION FORM

1. **Name of the Candidate** : (Name) (Surname)  
(Capital words)  
(as in Degree certificate)

2. **Father's Name** : (Name) (Surname)  
(Capital words)

3. **Permanent Address** :

Pin code : - \_\_\_\_\_

4. **Contact Details** : STD :

Phone :

Mobile :

E.Mail :

5. **Place and Date of Birth** : Place :

D.O.B. : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. **Nationality** :



: 2 :

7. **If admission to Pharm.D is on the basis of D.Pharm qualification, please mention details of D.Pharm qualification -**

- **Name of Institution** :
  
- **Year of admission** :
  
- **Year of passing** :
  
- **Name of the Examining Authority** :

8. **In case of Pharm.D (Post Baccalaureate) please mention details of B.Pharm qualification.**

- **Name of Institution** :
  
- **Year of admission** :
  
- **Year of passing** :
  
- **Name of the Examining Authority** :

: 3 :

9. Description of qualification :

Qualification	Session of Admission	Institution <ul style="list-style-type: none"><li>• Name</li><li>• Address</li><li>• Tel.No.</li><li>• E.Mail</li></ul>	Hospital from where internship is done <ul style="list-style-type: none"><li>• Name</li><li>• Address</li><li>• Tel.No.</li><li>• E.Mail</li></ul>	Name of the Examining Authority	Year of Passing
Pharm.D					
Pharm.D (Post Baccalaurate)					

10. Employment details (if applicable) :

Employer	Name	Address	Period	
			From	To
Present				
Previous				

**11. Declarations :**

1. I hereby declare that I have not so far registered my name in any other State Pharmacy Council in India. This is my first application made with required enclosures for registration in this state as a Pharmacist.
2. I hereby declare that prior to this application I had registered my name in the State/s as detailed below from time to time.

Name of the State	Qualification	Regd. No.	Date	Duration	
				From	To
Ist Reg.					
Ist Re-Reg.					
IInd Re-Reg.					
IIIrd Re-Reg.					
IVth Re-Reg.					

3. I hereby declare that I desire to take up the practice of the profession of Pharmacy in the State of \_\_\_\_\_ by residing in this State. Hence this application is made for registration/re-registration in the \_\_\_\_\_ State Pharmacy Council.
4. I hereby declare that information given in the application form is true and I understand that my application is liable to be rejected summarily or the registration is liable to be cancelled forthwith, u/s 36 of the Pharmacy Act, 1948 if the above information is proved to be false in any particular, at any stage.
5. Any other information by the applicant.

Please strike whichever is not applicable.

**Signature of Applicant** :

**Date** :

**Appendix-C**

To

The Registrar

\_\_\_\_\_ State Pharmacy Council

**Sub: Registration as a pharmacist under the Pharmacy Act, 1948.**

**Ref: Your letter No.** \_\_\_\_\_ **dt.** \_\_\_\_\_.

Sir/Madam

1. Please find enclosed herewith the duly filled in application form for registration u/s 32 (2) of the Pharmacy Act, 1948.
2. D.D. No. \_\_\_\_\_ dt. \_\_\_\_\_ for Rs. \_\_\_\_\_ is enclosed herewith as registration fee for the purpose.
3. I hereby declare that I have carefully read and understood the instructions and particulars supplied to me and the information provided by me on the application form is true to the best of my knowledge and belief.
4. I hereby undertake to follow the rules/regulations/instructions of the \_\_\_\_\_ State Pharmacy Council as issued from time to time.

Yours faithfully

**Name of Applicant :**

**Signature :**



*This is to certify that*

*within signed*

And qualified as  
“*Doctor of  
Pharmacy*”

has been duly  
registered as a

Registered Pharmacist,  
u/s 32(2) of the  
Pharmacy Act, 1948  
and is entitled to all the  
privileges granted  
under the Pharmacy Act  
1948 (8 of 1948).

In witness whereof are herewith  
affixed the seal

of the \_\_\_\_\_ State

Pharmacy Council and

the signature of the  
Registrar Pharmacy Council.

Certificate No. \_\_\_\_\_