

Regd.

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 88th /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.

- Institute should be approved by PCI u/s 12 of Pharmacy Act, 1948.
- 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.
- Applicant has to submit the fees of Rs. _____ in the form of D.D. In favour of _____.
- The application form for obtaining certificate of Good Standing is attached as **Appendix-A**.

Application Form for Obtaining a certificate of Good Standing

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.

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