

Money Receipt No. _____

Form No. _____

Date _____

FORM IX (Rule 104)
FORM OF APPLICATION FOR REGISTRATION OF PHARMACISTS
(Under Section 32 & 33 of Pharmacy Act 1948)

To,
The Registrar
Chhattisgarh State Pharmacy Council
Qrt. No. 88, Sect.-2, Geetanjali Nagar,
Raipur 492 007 (C.G.)

Affix
Passport size
Photograph

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 instruction 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 Chhattisgarh State Pharmacy Council as issued from time to time.

Yours faithfully

Name of Applicant : _____

Signature : _____

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 of 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.

For Office use only

Regd. No.	Date of Regd.	Fee Received Recpt. No. & Amount	date

APPLICATION FORM

1. (a) Name in full beginning with Surname Shri/Smt./Ku. (In block capitals)

Surname	Middle Name	Name

(b) Father's name beginning with Surname

Surname	Middle Name	Name

2. Place and date of Birth

Place	Date	Month	Year

3. Nationality

4. Residential Address (In block capital)

Permanent	
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Local/Present	
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5. 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

6. 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

7. Description of qualification :

Qualification	Session of Admission	Institution	Hospital from where internship is done	Name of the Examination Authority	Year of Passing
Pharm. D					
Pharm. D (Post Baccalaureate)					

8. Employment Details (if applicable):

Employer	Name	Address	Period	
			From	To
Present				
Previous				

9. Declaration :

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 State	Qualification	Regd. No.	Date	Duration	
				From	To
Ist Reg.					
Ist Re-Reg.					
IIInd 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 Chhattisgarh by residing in this State. Hence this application is made for registration/re-registration in the Chhattisgarh 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 :