

FORM "G"
(RULE 69)

FORM OF APPLICATION FOR REGISTRATION OF PHARMACISTS
(Under section 32 of pharmacy Act. 1948)

To,
The Registrar
Gujarat State Pharmacy Council,
Old Nursing College Building, Block No. - 4/A,
3rd Floor, Opp. Cancer Hospital, Gate No. - 6,
Asarwa, Ahmedabad - 380016.

Dear Sir,

I request that my name, address and qualification as stated in the accompanying form may be registered under the pharmacy Act, 1948 and that may be furnished with a certificate of Registration.

I enclose herewith for your perusal and the return the certificate and diplomas in original and their copies for the record.

A fee of Rs. 25 as required under rule 76 of the Bombay State Pharmacy Council Rules is sent by Demand Draft or is paid in Cash to the Registrar in person.

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

Yours faithfully

Date :

Signature

INSTRUCTIONS

1. All particulars are of the application must be filled in by the applicant in neat, legible hand, incomplete applications may be rejected.
2. The name entered in this application must exactly correspond with the name of the applicant entered at the University or other examinations.
3. Application fees of Rs. 500/600 (including administrative charges) for registration should be sent to the Registrar Gujarat State Pharmacy Council. Application fee should be handed over in person by Cash or by Demand Draft payable at Ahmedabad only. When fee is sent by the Demand Draft full name and address of the applicant to be given, else it may be rejected.
4. If the space for giving particulars is not found sufficient, the same may be given on a separate sheet and attached to this application.
5. If the applicant is a proprietor of any firm he should produce a declaration of his experience in dispensing.
6. Dispensing experience under R.M.P. under act of 1938 cannot be accepted for the purpose of section 31(d).
7. Experience in manufacture of Drugs cannot be accepted for the purpose of section 31(d).

ACCOMPANYING FORM

1. Name in full, beginning with
Surname (in block capitals) _____
(Surname) (Name) (Father Name/Husband Name)

2. Place & Date of Birth _____ _____
(Birth Date) (Place Of Birth)

3. Nationality _____

4. Residential Address (in block capitals)

5. Address of business or profession
(in block capitals)

6. Description of qualification of
which registration is desired.

Degree or Diploma Institution Date of obtaining the Degree or Diploma

*7. Name Address Period of service From To

7.(a) Present employer :

(b) Previous employers :

Signature of the applicant

* Details of experience given against item No. 7 of the form should be supported by a certificate in the form given below. If the applicant is unable for any reasons to furnish such a certificate a declaration be made before a presidency or a Magistrate of class first.

Forwarding Letter

Full name & Address of Pharmacist

Telephone No. :

E-mail Id :

Date :

To,
The Registrar
Gujarat State Pharmacy Council,
Old Nursing College Building, Block No. - 4/A,
3rd Floor, Opp. Cancer Hospital, Gate No. - 6,
Asarwa, Ahmedabad - 380016.

SUB : REGISTRATION AS PHARMACIST

Sir,

With reference to the subject cited above, I Mr/Miss/Mrs.

_____ hereby apply in
(Surname) (Name) (Father's/Husband Name)
the prescribed Application Form-G to enter my name in the Pharmacy Register maintained by the Gujarat State Pharmacy Council under the provisions of Pharmacy Act, 1948.

I enclosed herewith photocopies or all the required documents and testimonials duly Self attested and information as per the rules alongwith the application form as enlisted below in chronological order for your perusal.

<i>Sr. No.</i>	<i>Particulars</i>	<i>Whether Enclosed Yes/No.</i>	<i>Page No.</i>
1	2	3	4
1.	Prescribed Application Form-G		
2.	One recent passport size photograph(5 X 4 Cms) of the applicant		
	In case of any change in the name of the applicant (any of the following documents)		
	(a) Marriage certificate (In the case of married female candidate) or		
	(b) A copy of gazette notification (in all other cases)		
3.	Proof of birth date and Birth place : School / College leaving certificate / S.S.C. Board certificate & Birth Certificate from competent authority.		
4.	Proof of residence in the Gujarat State such as (any of the following documents) :		
	(a) Electric or telephone bill in the name of parent of the candidate.		
	(b) L.I.C. policy of the candidate.		

	(c)	Identity card of the candidate Issued by the Election Commission.		
5.	(d)	Tax Bill from the relevant authority of panchayat or Nagarpalika or Municipal corporation		
	(e)	Passport of the candidate.		
		OR		
	(f)	Any Legal documents.		
6.		S.S.C. and H.S.C. Marks – sheet and certificate (Qualification on which basis the admission to Diploma/Degree Course in pharmacy had been taken by the candidate).		
7.		College bonafied / Course Completion certificate with period of study.		
8.		College Leaving/Transfer Certificate mentioning date of admission and period of completion of studies in pharmacy (In the case of applicant who has passed Diploma/Degree in pharmacy examination from an institution of other than Gujarat State).		
9.		Degree/Diploma in Pharmacy Mark – sheet of all years.		
10.		Degree/Diploma in Pharmacy Certificate obtained from relevant University/Board of examination OR Provisional Certificate of the University/Board.		
11.		Practical Training Completion Certificate duly completed Section-I to V with seal and signature of the principal of the concerned institute in Section-V of the Practical Training contract form		
12.		Proof of Employment/Business of the candidate as mentioned under column No.7(a) & (b) in the Form-G.		
	(a)	Employer’s Certificate mentioning period of service, designation, head quarters, Salary etc. from relevant Firm/Company/Institution mentioning Drugs Licence Nos, if any ; or		
	(b)	In case of self employed persons A self declaration on the letter pad of the relevant Firm/Company etc. mentioning Drug License Nos. if any ; or		
	(c)	(In the case of un-employed person) Undertaking for further studies, if applicable (Annexure-A) or A self declaration of non-practicing (Annexure-B).		
13		An affidavit (as per specimen copy enclosed in the case of applicant who has passed Diploma / Degree in Pharmacy examination from an institution of Gujarat or other than Gujarat State) (Annexure-C).		
14		Undertaking and affidavit (as per specimen in the case of applicant who has been registered as pharmacist in other state Council) (Annexure-D).		
15		Prescribed Registration fees (Rs._____)(By cash or by crossed Demand Draft in favour of “Gujarat State Pharmacy Council” drawn on State Bank of India, Ahmedabad or any schedule bank payable at Ahmedabad).		
16		Self Addressed cover (36cms * 28cms) with postage stamp of Rs 40		

I hereby certify and declare that I have studied the degree / diploma in pharmacy course from

_____ (Name of College)
during the years _____ and passed
from _____
(Name of University / Board of Examination)

in the year _____

I hereby declare and undertake that all the documents, testimonials and all the informations furnished by me to the Gujarat State Pharmacy Council along with the application form are true to the best of my knowledge and belief and in case any of my informations, documents or testimonials furnished by me is found to be, false or misleading then I shall be liable to any action taken against me and my registration shall be liable to cancellation without any notice.

I also understand and undertake that the prescribed application Form – G completed in all respect along with all the required and duly attested supporting documents and testimonials (1 to 14) etc., if presented with prescribed fees by Cash / Crossed Demand Draft shall only be accepted by the Council and incomplete application forms without any of the supporting documents shall be rejected without entertaining any communication to me.

I hereby also declare that I have read carefully and understood all the instructions and particulars supplied to me and all the entries therein are true to the best of my knowledge and belief.

(Place)

(Signature of the pharmacist)

(Date)

For office use :-

Checked by _____ Verified by _____
(Signature & Date Sr. Clerk / Clerk) (Head Clerk)

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