



# Gujarat State Pharmacy Council

Old Nursing College Building, Block No-4/A,

3<sup>rd</sup> Floor, Opp. Cancer Hospital, Gate No-6,

Civil Hospital Campus, Asarwa, Ahmedabad-380 016

Phone No. : (079)22681012, 22680060

Website : [www.gujaratstatepharmacycouncil.org](http://www.gujaratstatepharmacycouncil.org) Email : [pharmacy-guj@nic.in](mailto:pharmacy-guj@nic.in)

## Application Form for Obtaining a Certificate of Good Standing / Proof of Registration

1. Name of the applicant with address as given 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. Registration No. and date : \_\_\_\_\_
9. Date of validity : \_\_\_\_\_
10. 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)

11. 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 : (Attach, if required)

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12. 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.) : (Attach, if required)

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13. Name and Address of authorities to whom good standing certificate has to send

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14. List of documents attached with this Application
- (1) Certified copy of D.pharm/B.pharm Certificate
  - (2) Original Registration certificate No \_\_\_\_\_ and two Xerox copies of Registration certificate
  - (3) Original Receipt of renewal/re entry
  - (4) Certified copy of each page of passport (if not migrated certify copy duly certify by Gazetted officer of Gujarat or central Gov. and if migrated duly certified by respective state Notary)
  - (5) Copy of Brochure/Bulletin/information pack of general requirement of respective State.
  - (6) Two envelopes (size 12 X 28 c.m )with postage stamps.

Note–Application for Good Standing Certificate should be submitted before 6 weeks. Scanned copy is not allowed of any document.

Date.....  
Date ..... 20

**SIGNATURE OF THE CANDIDATE**

## **Undertaking**

If any information or document submitted by me with the application for good Standing is proved false, I shall be held responsible and my registration shall stand cancelled with immediate effect without any notice and I will not be subjected or will not be entitled to get any soft of relief under section 36 of the Pharmacy Act,1948,and further I am aware that may have to face legal action for preparing submitting forged documents and misleading the Council.

**Signature of the Application**