

Forwarding Letter

Full name & Address of Pharmacist:

Telephone No.: _____

E-mail Id : _____

To,
The Registrar
Gujarat State Pharmacy Council,
Gate No. – 6, Old Nursing College Building,
Block No. – 4/A, 3rd Floor, opp. Cancer
Hospital, Asarwa,
Ahmedabad – 380 016.

Date : _____

SUB : REGISTRATION AS PHARMACIST

Respected Sir,

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

(Surname) (Name) (Father's/Husband Name)

hereby apply in the prescribed Application Form 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 along with the application form as enlisted below in chronological order for your perusal.

Sr. No.		Particulars	Whether Enclosed Yes/No.	Page No.
1	2	3	4	5
1		Prescribed Application Form		
2		One recent passport size photographs (5 X 4 cm) of the applicant		
3		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)		
4		Proof of birth date and Birth place : School / College leaving certificate / S.S.C. Board certificate & Birth Certificate from competent authority		
5		Proof of residence in the Gujarat State such as (any of the following documents) :		
		Electric or telephone bill in the name of parent of the candidate.		
		L.I.C. policy of the candidate		
		Identity card of the candidate Issued by the Election Commission		
		Tax Bill from the relevant authority of panchayat or Nagarpalika or Municipal corporation regarding		
		Passport of the candidate		
		OR		
		Any Legal documents		
6		Aadhar Card Copy		
7		S.S.C. and H.S.C. Marks – sheet & Certificates (qualification on which basis the admission to Diploma/Degree Course in pharmacy/ Pharm.D. had been taken by the candidate).		
8		College bonafied / Course Completion certificate with period of study.		
9		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).		
10		Degree/Diploma in Pharmacy Mark – sheet of all years		
11		Degree/Diploma in Pharmacy Certificate obtained from relevant University/Board of examination OR Provisional Certificate of the University/Board.		
12		Pharm.D Mark-sheet (All years)		
13		Pharm.D Degree/Provisional Certificate issued by the University.		
14		An affidavit (as per specimen copy enclosed)		
15		Prescribed Registration fees (Rs.....) (By cash if paid in person / 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		Undertaking and affidavit (as per specimen in the case of applicant who has been registered as pharmacist in other state council)		
17		Self-Addressed Cover – A4 size, with postage stamps of Rs. 40.		

Note:-

(1) If the applicant is already registered with Gujarat State Pharmacy Council/other state pharmacy council then he/she have to surrender his/her original registration certificate to the Council.

(2) The application Form completed in all respect along with all the required and duly attested supporting documents and testimonials (1 to 16) etc. if presented with prescribed fees by Cash / Crossed Demand Draft shall only be accepted and incomplete application forms without any of the supporting documents shall be rejected without entertaining any communication.

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

Date:

Yours faithfully

(Signature of the Pharmacist)