



Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (KPCRPT)

514/E, I Main, II Stage, Vijayanagar, Bangalore – 560 104
Ph: 080-23404000, 23383142, 46729800 (800 to 899 lines)
E-mail: kspctrust@gmail.com, Web: www.kspcdic.com



Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (KPCRPT)

1. Eligibility:

1. The applicant should be a Citizen of India.
2. The applicant should be between 18 to 35 years of age to enroll under KPCRPT.
3. The applicant must be a Registered Pharmacists in Karnataka State Pharmacy Council.
4. Registration Renewal should be up to date.

2. Fees

Particulars
Amount: Rs.4,200/- (= <35 years) Amount: Rs.10,000/- (36 to 60 years) Account Name: Karnataka Pharmacy Council Registered Pharmacist Welfare Trust Account Type: Savings Bank Account No.: 1052500100173701 Bank Name: Karnataka Bank Limited Branch: Vijayanagar IFSC Code: KARB0000105

3. Login to your KSPC account with your registered username (e-mail id) and password. On the Dashboard, click Apply online and select KPCRPT-A Form and apply.

[Home](#) [About Us](#) [Act and Rules](#) [Services](#) [Notifications](#) [Pharmacist List](#) [Online Services](#) [General Instructions](#) [Affidavits](#) [CPE](#)

DASHBOARD

[Home](#) / [Account](#) / [Dashboard](#)

[Dashboard](#)
[Apply Online](#)
[Change Password](#)

Apply Online

Slno	Application Forms	Form Code	
3	KSPC-G: Good Standing Certificate	KSPC-G	APPLY ONLINE
9	NOC: Noc to other States	NOC	APPLY ONLINE
4	KSPC-H: Identity Card	KSPC-H	APPLY ONLINE
5	KSPC-C: Duplicate Certificate	KSPC-C	APPLY ONLINE
6	KSPC-D: Additional Qualification	KSPC-D	APPLY ONLINE
7	KSPC-I: Change Of Name	KSPC-I	APPLY ONLINE
8	KPCRPT-A: Application For Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (Fresh / Duplicate / Change of Nominee)	KPCRPT-A	APPLY ONLINE

4. Benefits under this scheme:

The benefits under scheme will be given only if the Registered Pharmacist renews his/her registration from time to time in the rolls of the Karnataka State Pharmacy Council at the time of the claims.

Medical Claim	Death Claim
<ul style="list-style-type: none">➤ A partial disbursement up to 1/3 of the minimum amount for the medical treatment in case of serious illness such as cancer, cardiac surgery, kidney transplantation etc. to be decided by Trust Executive Committee on Merits.➤ A discharge certificate from the Hospital / Nursing Home indicating the brief report of illness and the treatment given should be produced in original or a certified copy.	<ul style="list-style-type: none">➤ The quantum of amount of Rs.3,00,000/- to be given in case of death which will be reviewed every year depending upon the trust resources.➤ Any partial amounts paid under medical claim will be deducted from final settlement to the nominee.➤ Death Certificate issued by a competent authority in original shall be produced along with claim.➤ The claim shall be made in writing by the nominee whose name is registered in the trust.➤ In case the Registered nominee is not alive at the time of claim, only the legal heir approved by the court of law can make the claim producing the proof of their legal heir rights. The claim should be made within 3 months or 90 days from the date of death.

5. Change of Nominee:

- The Registered Pharmacist can at any time Change the Nominee by applying through online on www.kspcdic.com under KPCRPT-A.
- In case of death of a Nominee, the Registered Pharmacist should change the nominee immediately by applying through online on www.kspcdic.com under KPCRPT-A.

6. Scan and keep ready all the following documents of Nominee (Nominee should be blood relation only)

Major	Minor
<ol style="list-style-type: none"> 1. Proof of Date of Birth of the Nominee - Birth Certificate / School Certificate / Passport / Aadhar Card (complete DOB) / PAN card etc., (issued by competent authority). 2. Address proof of the Nominee 3. Aadhar Card of the Nominee 4. Nominee Photo - Recent passport size colour photo which white background only (jpg, jpeg, png). (Note: Profile photo will be rejected.) 5. Nominee Signature - Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg, png). 	<ol style="list-style-type: none"> 1. Proof of Date of Birth of the Nominee - Birth Certificate / School Certificate / Passport / Aadhar Card (complete DOB) / PAN card etc., (issued by competent authority). 2. Address proof of the Nominee 3. Aadhar Card of the Nominee 4. Nominee Photo - Recent passport size colour photo which white background only (jpg, jpeg, png). (Note: Profile photo will be rejected.) 5. Nominee Signature - Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg, png). 6. Self-attested address proof of the Guardian. 7. Aadhar Card of the Guardian 8. Guardian Photo - Recent passport size colour photo which white background only (jpg, jpeg, png). (Note: Profile photo will be rejected.) 9. Guardian Signature - Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg, png).

Application Form – Send the Application Form to kspcreg@gmail.com received on your e-mail.

Note:

1. The Enrollment Certificate will be sent to your residential address by speed post / courier.
2. The council is nowhere responsible for any wrong information provided by the Candidate and deviations from the original certificates. Please ensure proper filling of the application before submission.