Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (KPCRPWT)
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

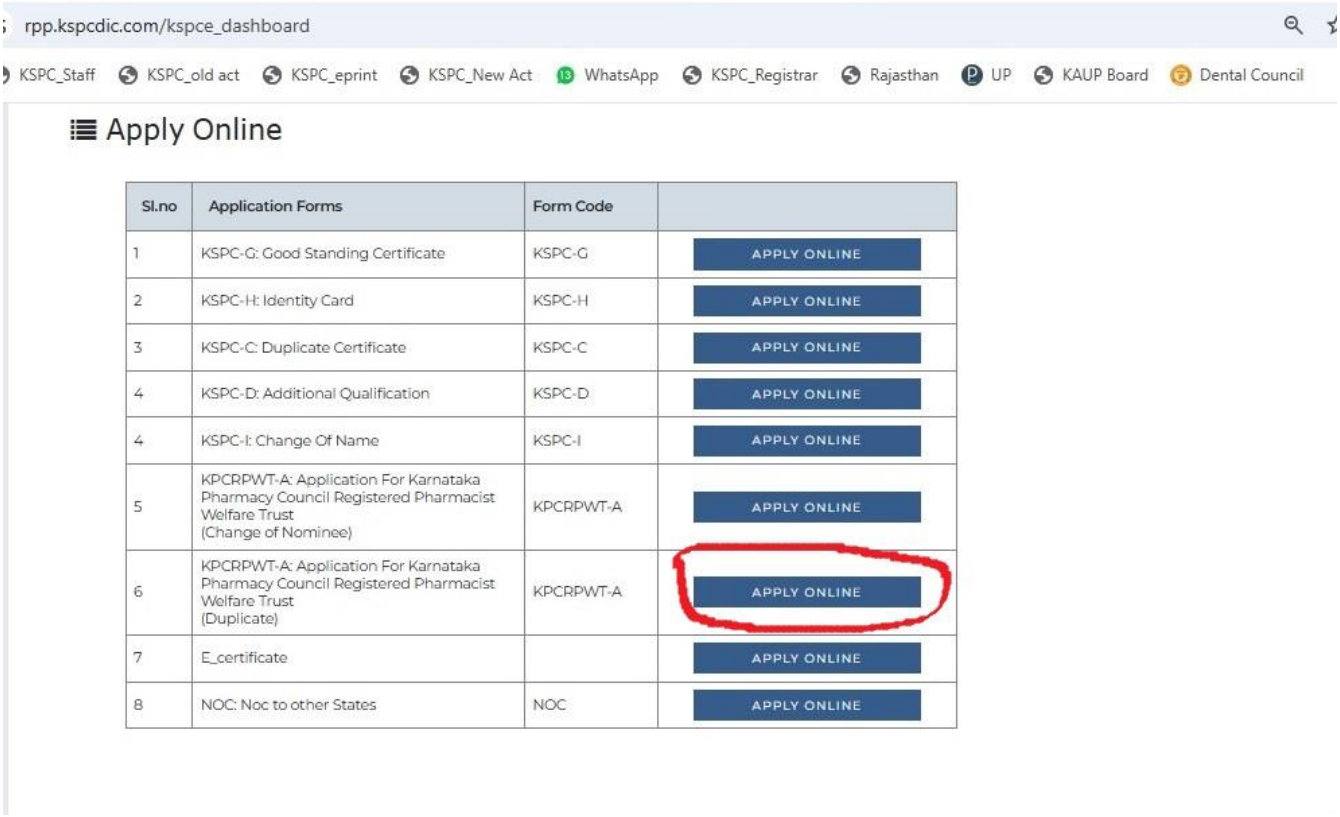
Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (KPCRPWT) – Duplicate Enrollment Certificate

1. Eligibility:

1. Registered Pharmacist who have enrolled with Karnataka Pharmacy Council Registered Pharmacist Welfare Trust.
2. Registered Pharmacist who have lost the KPCRPWT (Enrollment) Certificate.
3. Registered Pharmacist whose KPCRPWT (Enrollment) Certificate is spoiled / torn / damaged.

2. Fees (Refer Notifications on www.kspcdic.com) - Rs.1,500/-

3. Login to your KSPC account on https://rpp.kspcdic.com/kspce_user with your registered mobile number and OTP. On the Dashboard select KPCRPWT-A: Application for Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (Duplicate Certificate) and click Apply Online.



Sl.no	Application Forms	Form Code	
1	KSPC-G: Good Standing Certificate	KSPC-G	APPLY ONLINE
2	KSPC-H: Identity Card	KSPC-H	APPLY ONLINE
3	KSPC-C: Duplicate Certificate	KSPC-C	APPLY ONLINE
4	KSPC-D: Additional Qualification	KSPC-D	APPLY ONLINE
4	KSPC-I: Change Of Name	KSPC-I	APPLY ONLINE
5	KPCRPWT-A: Application For Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (Change of Nominee)	KPCRPWT-A	APPLY ONLINE
6	KPCRPWT-A: Application For Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (Duplicate)	KPCRPWT-A	APPLY ONLINE
7	E_certificate		APPLY ONLINE
8	NOC: Noc to other States	NOC	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
✓ 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.	✓ 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. Scan and keep ready all the following documents of Nominee (Nominee should be blood relation only)

Major	Minor
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).	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).

6. Other documents

Sl.No	Particulars	Details
a.	KPCRPWT (Enrollment) spoiled / torned / damaged Certificate	Upload and attach the original spoiled / torned / damaged certificate issued by KPCRPWT.
b.	Police complaint acknowledgement in case of loss of KPCRPWT (Enrollment) Certificate	Upload Police complaint acknowledgement / FIR wherein KPCRPWT Certificate No..... dated ..... is missing should be mentioned. **(Complaint should be given to the nearest police station where you lost the certificate)**
c.	Affidavit for Loss of KPCRPWT (Enrollment) Certificate (all the sheets) on Karnataka Stamp Paper only	Upload affidavit – Affidavit on Rs.100/- Non Judicial Bond Paper (not less than 15 working days from the date of Notarization) attested by Notary as per format. Click here to download https://kspcdic.com/pdf/affidavits/Duplicate%20Enrollment%20Cert%20-%2015-9-2017.pdf

Application Form - Print the copy of the auto generated Application Form sent to your registered mail, sign (in BLACK ink only) and send with 15" * 11" size self-addressed (Capital letters only) non-terable cloth lined envelop cover to KSPC office within 7 working days for verification.

ALSO MENTION ON ENVELOP COVER **"ONLINE APPLICATION FOR CHANGE OF NOMINEE UNDER KARNATAKA PHARMACY COUNCIL REGISTERED PHARMACIST WELFARE TRUST (KPCRPWT)"**

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.