



## KARNATAKA STATE PHARMACY COUNCIL

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# ELIGIBILITY LETTER TO REGISTER FOR ANY STATE PHARMACY COUNCIL – KSPC-A2

## 1. General Instructions

- The applicant should have completed 18 years of age.
- Registerable Qualifications - D. Pharm, B. Pharm, Pharm D approved by Pharmacy Council of India
- Institution / College should have been approved by Pharmacy Council of India at the time of admission to 1st year.

## 2. Fees

Registerable Qualification - Payment -1	Additional Qualification - Payment – 2*
<b>Amount:</b> Rs.2,000.00/- Account Name: "Karnataka State Pharmacy Council" Account Type: Savings Bank Account No.: 52117060304 Bank Name: State Bank of India Branch: Vijayanagar II Stage IFSC Code: SBIN0040231	<b>Amount:</b> Rs.1,000.00/- Account Name: "Karnataka State Pharmacy Council" Account Type: Savings Bank Account No.: 52117060304 Bank Name: State Bank of India Branch: Vijayanagar II Stage IFSC Code: SBIN0040231
<b>Delay in Registration</b>	<b>Rs.200/- per year</b>

### Note:

\* - **Payment – 2** – Applicant who intend to add their additional qualification in the eligibility letter payment - 2 is a must.

## 3. Personal details to be filled by the applicant

Sl.No	Particulars	Details
1.	Name of the Candidate	As per Pharmacy Diploma / Degree Certificate.
2.	Father's Name	As per Pharmacy Diploma / Degree Certificate.
3.	Mother Name	As per SSLC or 10th marks card / Cumulative Record / Birth Certificate / Passport with validity (issued by competent authority).
4.	Date of Birth	As per SSLC or 10th marks card / Cumulative Record / Birth Certificate / Pan Card / Passport with validity (issued by competent authority).
5.	E-mail	Candidate personal mail ID (for validation and further communication).
6.	Mobile No	Candidate mobile number (for validation and further communication).
7.	Blood Group	Report issued by a pathology laboratory / hospital.
8.	Residential Address	Refer Sl.No 4 for details

**4. Scan and keep ready the following original documents before filling the application form:**

<b>A</b>	<b>B</b>
<b>Proof for Date of Birth</b> (issued by competent authority) – any one proof	<b>Address Proof of the Candidate</b> - (both sides wherever applicable) – any one proof
<ul style="list-style-type: none"> <li>➤ SSLC or 10<sup>th</sup> marks card</li> <li>➤ Cumulative Record</li> <li>➤ Birth Certificate</li> <li>➤ Pan Card</li> <li>➤ Passport with validity</li> </ul>	<ul style="list-style-type: none"> <li>➤ Voter ID</li> <li>➤ Ration Card</li> <li>➤ Aadhar Card</li> <li>➤ Driving License</li> <li>➤ Passport with validity</li> </ul>

**5. Marks Card issued by competent authority - Scan** (both sides wherever applicable) **and keep ready the following original documents before filling the Online application form** (✓ - Documents are mandatory)

	SSLC	PUC	Diploma			B.Pharm							M.Pharm				Ph.D	Pharm D*							Pharm D* (PB)							
		I year & II year	I year	II year	Practical Training Form	Diploma Certificate	I year	II year	III year	IV year	Practical Training Certificate	Provisional Certificate	Degree Certificate	I year	II year	Provisional Certificate	Degree Certificate	Convocation	I	II	III	IV	V	VI (internship)	Provisional Certificate	Degree Certificate	I	II	III (internship)	Provisional Certificate	Degree Certificate	
D.Pharm	✓	✓	✓	✓	✓	✓	■	■	■	■		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
B.Pharm	✓	✓	■	■		■	✓	✓	✓	✓	✓	✓	✓	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
B.Pharm +D.Pharm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
M.Pharm	✓	✓	■	■		■	✓	✓	✓	✓		■	✓	✓	✓	✓	✓	■	■		■	■	■	■	■	■	■	■	■	■	■	■
M.Pharm+B.P harm + D.Pharm	✓	✓	✓	✓		✓	✓	✓	✓	✓		■	✓	✓	✓	✓	✓	■	■		■	■	■	■	■	■	■	■	■	■	■	■
Ph.D	✓	✓	■	■		■	✓	✓	✓	✓	✓	■	✓	✓	✓	■	✓	✓	✓		■	■	■	■	■	■	■	■	■	■	■	■
Ph.D+ M.Pharm+B.P harm+ D.Pharm	✓	✓	✓	✓		✓	✓	✓	✓	✓		■	✓	✓	✓	■	✓	✓	✓		■	■	■	■	■	■	■	■	■	■	■	■
Pharm D + D.Pharm	✓	✓	✓	✓		✓	■	■	■	■		■	■	■	■	■	■	■	■	✓	✓	✓	✓	✓	✓	✓	✓	■	■	■	■	■
Pharm D	✓	✓	■	■		■	■	■	■	■		■	■	■	■	■	■	■	■	✓	✓	✓	✓	✓	✓	✓	✓	■	■	■	■	■
Pharm D (PB)	✓	✓	■	■		■	✓	✓	✓	✓		■	✓	■	■	■	■	■	■	■	■	■	■	■	■	■	■	✓	✓	✓	✓	✓
Pharm D (PB) +B.Pha rm+ D.Pharm	✓	✓	✓	✓		✓	✓	✓	✓	✓		■	✓	■	■	■	■	■	■	■	■	■	■	■	■	■	■	✓	✓	✓	✓	✓

**Note:** Scan and upload both sides wherever applicable.

## Training Certificate

Sl.No.	Course	Particulars
a.	<b>D.Pharm &amp; B.Pharm (Practice) – Training in Medical Stores / Hospital</b>  Appendix-E along with licence forms 20, 21, 21C and KSPC Registered Pharmacist Certificate. ( <b>E-Certificate issued from 1<sup>st</sup> Jan 2017 if registered with KSPC</b> )  <b>Note: Renewal status of the apprentice master / pharmacist must be current.</b>	<b>Section-I to V (All the sections must be filled, and the dates must be in chronological order only)</b>  I - College Principal seal, signature, name of the principal with date. II – Student signature with date. III – Medical stores / hospital seal, signature, date and name of the registered pharmacist with KSPC Reg.No. IV – Undergone training for .... (hrs) from ..... to ..... with date and Medical stores / hospital seal, signature, date and name of the registered pharmacist with KSPC Reg.No V - College Principal seal, signature, name of the principal with date.
b.	<b>B.Pharm - Training in Industry</b>	Student name, Course, College name, number of hours training undergone in Industry from ... to ...(period) on a <b>Company letterhead</b> with seal and signature by the HR Manager/Head of the Industry and <b>countersigned by</b> the Principal with seal, signature and date.
c.	<b>B.Pharm - Training in Hospital</b>  <b>Trained in Hospital under pharmacist -</b> Appendix-E along with license forms 20, 21, 21C and KSPC Registered Pharmacist Certificate. ( <b>E-Certificate issued from 1<sup>st</sup> Jan 2017 if registered with KSPC</b> )  <b>Note: Renewal status of the apprentice master / pharmacist must be current.</b>	Student name, Course, College name, number of hours training undergone in Hospital, from .... to ...(period) on a <b>Hospital letterhead</b> with seal and signature you undergone under a Pharmacist and Director / Superintendent from the hospital and <b>countersigned by</b> the Principal with seal, signature and date.
d.	<b>Pharm D / Pharm D (Post Baccalaureate) – Internship – Training in Hospital</b>  <b>For format refer Sl.No.6(c)</b>	1) A certificate of satisfactory completion of training on a <b>hospital letterhead</b> with seal and signature from the Director/ Superintendent of the hospital which shall be <b>countersigned by</b> the Principal or Dean of the Pharmacy College you studied.  2) Logbook with attendance of each department with seal and signature of the HOD.

**Note: Any corrections made should be countersigned by the respective authority.**

### 6. Other documents

Sl.No	Particulars	Details
a.	PCI approval letter (all the sheets)	PCI approval letter for the year of admission (YOA) along with approved college list for the academic year+ previous year approval list.
b.	Student Study Certificate Letter from College (original)	Click here to download the format of the certificate <a href="https://bit.ly/studycert">https://bit.ly/studycert</a> (College Principal seal, signature, registration no, name of the principal with date and mobile number is mandatory.)
c.	Police Verification Certificate	Police Clearance from the local police authority of the college you studied regarding no adverse precursors during the study period.
d.	Photo	Scan and upload the recent passport size colour photo which white background only (jpg, jpeg). ( <b>Note: Profile photo will be rejected.</b> )
e.	Signature	Sign, Scan and upload your signature in BLACK ink only on white background. (jpg, jpeg).

### Note:

- Applications will be put ONHOLD if the documents and other data are incorrect. A link will be sent to the registered mail id to update the correct data and upload documents.
- 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.