



## KARNATAKA STATE PHARMACY COUNCIL

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# KSPC-A1 - ENDORSEMENT TO FOREIGN NATIONAL APPLICATION

## 1. General Instructions

- The applicant should have completed 18 years of age and is a Foreign National.
- 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 (Refer Notifications on [www.kspcdic.com](http://www.kspcdic.com))

Payment – 1 (KSPC)	Payment – 2* (Additional Qualification)
<b>Amount:</b> Rs.9,700.00/- +18% GST <b>Account Name:</b> "Karnataka State Pharmacy Council" <b>Account Type:</b> Savings Bank <b>Account No. :</b> 52117060304 <b>Bank Name:</b> State Bank of India <b>Branch:</b> Vijayanagar II Stage <b>IFSC Code:</b> SBIN0040231	<b>Amount:</b> Rs.2,000/- per Qualification +18% GST <b>Account Name:</b> "Karnataka State Pharmacy Council" <b>Account Type:</b> Savings Bank <b>Account No. :</b> 52117060304 <b>Bank Name:</b> State Bank of India <b>Branch:</b> Vijayanagar II Stage <b>IFSC Code:</b> SBIN0040231

**Note:** \* - **Payment – 2** – Those pharmacists who intend to upgrade their qualification along with the basic Qualification

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

Sl.No	Particulars	Details
1.	Name of the Candidate	As per Diploma / Degree Certificate.
2.	Father's Name	As per Diploma / Degree Certificate.
3.	Mother Name	As per SSLC or 10 <sup>th</sup> marks card / Cumulative Record / 10 <sup>th</sup> Transfer Certificate / Birth Certificate / Passport with validity (issued by competent authority).
4.	Date of Birth	As per SSLC or 10 <sup>th</sup> marks card / Cumulative Record / 10 <sup>th</sup> School Leaving Certificate / 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).

## 4. Scan and get ready the following original documents before filling the application form:

A	C
<b>Proof for Date of Birth (issued by competent authority)</b>	<b>Non-Resident - Address Proof of the Candidate</b> (both sides wherever relevant)
<ul style="list-style-type: none"><li>➤ SSLC or 10<sup>th</sup> marks card or 12<sup>th</sup> Marks Card</li><li>➤ Passport with validity</li></ul>	<ul style="list-style-type: none"><li>➤ Passport with Issue Date and Expiry Date</li><li>➤ Visa with Issue Date and Expiry Date</li></ul>

**5. Marks Card issued by competent authority - Scan** (both sides wherever applicable) **and keep ready the following original documents before filling in 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 Certificate	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.Pharm + D.Pharm	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ph.D	✓	✓	-	-	-	-	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ph.D+ M.Pharm +B.Pharm +D.Pharm	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓	✓	✓	-	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PharmD + D.Pharm	✓	✓	✓	✓	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	-	-
PharmD	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	-	-
PharmD (PB)	✓	✓	-	-	-	-	✓	✓	✓	✓	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	✓	✓
PharmD (PB) +B.Pharm + D.Pharm	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	✓	✓

**Practical Training Form / Certificate (upload along with Certificate)**

Sl.No.	Course	Particulars
1.	<p><b>D.Pharm – Training in Medical Stores / Hospital</b></p> <p>Appendix-E along with licence forms 20, 21, 21C and copy of the Registered Pharmacist Certificate.</p> <p><b>Note: Renewal status of the apprentice master must be current.</b></p>	<p><b>Section-I to V (All the sections must be filled and the dates must be in chronological order only)</b></p> <p>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.</p>

2.	<b>B.Pharm - Training in Industry / Hospital</b>  Company / Hospital letter head	Student name, Course, College name, number of hours training undergone in Industry / Hospital, from ..... to .....(period) on a <b>Company/Hospital letterhead</b> with Seal and Signature by the HR Manager/Head of the Industry OR Director / Superintendent from the hospital and <b>countersigned by</b> the Principal with seal and date.
3.	<b>Pharm D / Pharm D (Post Baccalaureate) – Internship – Training in Hospital</b>  <b>For format refer SI.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 (both sides)	For the year of admission under Sub-Section 1 of Section 12 of the Pharmacy Act, 1948 of the qualification you propose to register.
b.	Student Study Certificate Letter from College	Click here to download the format of the certificate <a href="https://rpp.kspcdic.com/pdf/studycertificate.pdf">https://rpp.kspcdic.com/pdf/studycertificate.pdf</a>  <b>(College Principal seal, signature, registration no, name of the principal with date and mobile number is mandatory.)</b>
c.	Pharm D / Pharm D (Post Baccalaureate) – Internship Certificate with logbook	Click here to download the format of Pharm D Internship Certificate with log book <a href="https://rpp.kspcdic.com/pdf/PharmDinternship_cert_with_log_book.pdf">https://rpp.kspcdic.com/pdf/PharmDinternship_cert_with_log_book.pdf</a>
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).
f.	Passport	Upload Original with Passport No., Issue date and Expiry Date
g.	Visa	Upload Original with Visa No., Issue date and Expiry Date

For more queries mail to [kspcreg@gmail.com](mailto:kspcreg@gmail.com)

#### Note:

1. 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.