

**KARNATAKA STATE PHARMACY COUNCIL**

514/E, I Main, II Stage, Vijayanagar, Bangalore – 560 104

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Web_KSPC: www.kspcdic.com Web_KSPCDIRC - <http://karnatakadruginfo.com/>**RE-REGISTRATION APPLICATION
(TRANSFER) – KSPC-B**

Application Form – Print the copy of the auto generated Application Form sent to your mail, sign (in BLACK ink only) and send the original documents (mentioned in SL.No.3 and 5 (j)) to KSPC office through Post / Courier for verification within 7 working days.

1. General Instructions

- The applicant should be a Citizen of India and should have completed 18 years of age.
- Registerable Qualifications – D. Pharm, B. Pharm, Pharm D approved by Pharmacy Council of India
- Those who have already registered in other State Pharmacy Councils.
- Renewal status in other state pharmacy council must be up-to-date.
- Cancellation of Retail / hospital license (medical store/pharmacy) in your state.

2. Fees (Refer Notifications on www.kspcdic.com)

Payment – 1 (KSPC) Registerable Qualification	Payment – 2 (KPCRPT)*	Payment – 3* (Additional Qualification)
Amount: Rs.3,100/- (Rs.2,850/- + NOC request from other Councils/States to KSPC of Rs.250/-) +18% GST 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	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	Amount: Rs.1,000/- +18% GST per Qualification. 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
Kerala State Pharmacy Council		
DD in favor of "Kerala State Pharmacy Council, Thiruvananthapuram"		Rs.500/-
Tamilnadu State Pharmacy Council		
DD in favor of "The Registrar, Tamilnadu State Pharmacy Council, Chennai"		Rs.118/-
Maharashtra State Pharmacy Council		
DD in favor of "Maharashtra State Pharmacy Council, Mumbai"		Rs.590/-

3. Marks Card issued by competent authority – Scan (both sides wherever applicable) and keep ready the following original documents before filling the Online application form

- SSLC / 10th marks card
- PUC – 1st & 2nd marks cards

Registerable Qualification – Qualified Pharmacist / D.Pharm / B.Pharm / Pharm.D

- Diploma – 1st & 2nd Year marks card + Diploma Certificate
- B.Pharm – 1st to 4th year marks card + B.Pharm Convocation Certificate
- PharmD* – 1st to 5th year marks card + 6th year internship + PharmD Convocation Certificate

Additional Qualification

6. M.Pharm – 1st & 2nd Year + M.Pharm Convocation Certificate
7. Ph.D – Certificate
8. PharmD (PB) – 1st & 2nd year marks card + PharmD (PB) Convocation Certificate

Note: Provisional Degree Certificate (PDC) is valid for a period of one year from the date of issue of PDC.

4. Practical Training Form / Certificate to upload in original✓ **D.Pharm, B.Pharm & B.Pharm (Practice)**

1. Appendix-E
2. Form 20, 21, 21C of the retail / medical /chemist shop of the registered pharmacist.
3. Registered Pharmacist Certificate of the master trainer.
4. Training undergone in Hospital – On a hospital letterhead with seal and signature you have undergone under a Pharmacist and Director / Superintendent from the hospital and countersigned by the principal with seal, signature and date.

Note:

1. **Appendix – E** – Section-I to V (All the sections must be filled, and the dates must be in chronological order only).
 2. College Principal seal, signature, name of the principal with date.
 3. Student signature with date.
 4. Medical stores / hospital seal, signature, date and name of the registered pharmacist with Reg.No.
 5. Any corrections made should be countersigned by the respective authority.
 6. **MERGE ALL THE DOCUMENTS AND UPLOAD UNDER TRAINING CERTIFICATE**
- ✓ **B.Pharm** – On a Company letterhead with seal and signature by the HR Manager/Head of the Industry and countersigned by the principal with seal, signature and date.
- ✓ **Pharm D / Pharm D (Post Baccalaureate) – Internship – Training in Hospital - For format refer Sl.No.5(e) / click <https://bit.ly/3KPSAKv>**
1. A certificate of satisfactory completion of training on a **hospital letterhead** with seal and signature from the Director/ Superintendent of the hospital which shall be **countersigned by** the Principal or Dean of the Pharmacy College you studied.
 2. Logbook with attendance of each department with seal and signature of the HOD.
 3. **MERGE ALL THE DOCUMENTS AND UPLOAD UNDER TRAINING CERTIFICATE**

5. Other documents to upload

Sl.No.	Particulars	Details
a.	Proof for Date of Birth (issued by competent authority)	SSLC or 10 th marks card / Cumulative Record / Birth Certificate / Pan Card / Passport with validity
b.	Address Proof of the Candidate (both sides wherever applicable)	Aadhar Card of Karnataka only issued by Government of India.
c.	Aadhar Card (both sides wherever applicable)	Upload Original Aadhar card of Karnataka only issued by Government of India.
d.	PCI approval letter (all the sheets)	PCI approval letter for the year of admission (YOA) + previous year + next year along with approved college list.
e.	Student Study Certificate Letter from College (original)	Click here to download the format of the certificate https://bit.ly/studycert (College Principal seal, signature, registration no, name of the principal with date and mobile number is mandatory.)
f.	Pharm D / Pharm D (Post Baccalaureate) – Internship Certificate with logbook	Click here to download the format of Pharm D Internship Certificate with logbook https://bit.ly/3KPSAKv
g.	Professional Status	Letter for a Company / Institution / Hospital / Community Pharmacy on a letter head that you are currently working with date of joining till date + ID Card

h.	Self-Declaration – Pharmacy Ethics on plain white paper	Self-Declaration Pharmacy Ethics as per Regulation 3.1 of Pharmacy Practice Regulation (PPR), 2015. Click here to download https://bit.ly/pharmacy_ethics
i.	Affidavit for Change of Name on Karnataka Stamp Paper only	Affidavit from 1 st Class Judicial Magistrate / Court Order / Gazette Notification with Paper Advertisement on Rs.100/- Non-Judicial Bond Paper with seal and signature authenticating change of name.
j.	Registration Certificate & ID card / PP card / Passbook	Original Registration Certificate & ID card / PP card / Pass book of other State Pharmacy Council you last registered.
k.	Photo	Scan and upload the recent passport size colour photo with white background only (jpg, jpeg). (Note: Profile photo will be rejected.)
l.	Signature	Sign, Scan and upload your signature in BLACK ink only on white background. (jpg only) .

KARNATAKA PHARMACY COUNCIL REGISTERED PHARMACIST WELFARE TRUST (KPCRPWT-A)

'Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (KPCRPWT)' is a social welfare scheme for the benefit of the registered pharmacists and their families. It was established in the year 1998. For more information refer <https://kspcdic.com/krpwt>

1. Eligibility:

- The applicant should be a Citizen of India and should be between 18 to 60 years of age to enroll under KPCRPWT.
- The applicant must be a Registered Pharmacists in Karnataka State Pharmacy Council.

2. Benefits under this scheme:

- **Medical Claim** – Refer <https://kspcdic.com/krpwt>
- **Death Claim** – Refer <https://kspcdic.com/krpwt>

3. Uploads – Scan and keep ready all the following documents (Nominee should be blood relation only)

✓ Proof of Date of Birth of the Nominee – Birth Certificate / SSLC or 10th / Passport / Aadhar Card / PAN Card ✓ Address proof of the Nominee ✓ Aadhar Card of the Nominee ✓ Nominee Photo – Recent passport size colour photo which white background only (jpg, jpeg). (Note: Profile photo will be rejected.) ✓ Nominee Signature – Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg). ADDITIONAL DOCUMENTS IN CASE OF MINOR ✓ Self-attested address proof of the Guardian. ✓ Aadhar Card of the Guardian ✓ Guardian Photo – Recent passport size colour photo which white background only (jpg, jpeg). (Note: Profile photo will be rejected.) Guardian Signature – Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg).

Note:

1. Applications should be submitted by post / courier only.
2. Original Certificates submitted by the pharmacist will be returned along with the Council Certificates & Id card.
3. The Certificate issued by the Karnataka State Pharmacy Council will expire on 31st December of the subsequent year of date of registration.
4. Retention of Name in the register – Renew every year before 31st of March as per Sec.34 of the Pharmacy Act, 1948.
5. 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.