

## ADDITIONAL QUALIFICATION – KSPC-D

**Application Form** - Print the copy of the auto generated Application Form sent to your mail sign (in BLACK ink only) and send Original KSPC Registration Certificate and all the original educational documents to KSPC office for verification within 7 working days.

**ALSO MENTION ON COVER "ONLINE APPLICATION FOR ADDITIONAL QUALIFICATION"**

**Submission of Originals - As mentioned in Sl. No. 4 & 5(a)**

## 1. General Instructions

- Registered Pharmacist has to renew and then apply for Additional Certificate.

## 2. Eligibility:

1. Pharmacist who has registered with Karnataka State Pharmacy Council only.
2. Validity of Registration must be up to date.
3. Qualifications with: B Pharm, M. Pharm, Ph.D in Pharmacy, Pharm D, Pharm D (PB).
4. Institute / College must be approved by Pharmacy Council of India at the time of admission to 1<sup>st</sup> year.

### 3. Fees (Refer Notifications on [www.kspcdic.com](http://www.kspcdic.com))

**For each qualification Rs.1,000.00/- + Rs.200/- E-Certificate charges + Rs.300/- Identity Card = 1,500/- +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

**4. 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)

[illegible]

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

[illegible]

\*1. A certificate from competent authority stating that the candidate is endorsed as registered pharmacist in the drug license of a pharmacy as proof of practice experience in case of community pharmacist **(as submitted to the college during admission). OR**

A certificate from the Principal/Medical Superintendent / competent person of the Hospital/Health Unit stating that the candidate is working as a pharmacist will be accepted as proof of practice experience in case of hospital pharmacist **(as submitted to the college during admission).**

\*2. Copy of the 'No Objection Certificate' from the employer (submitted to college at the time of admission)

This to certify that ----- son/daughter of----- is working in this Institution / Pharmacy as----- since ----- and the undersigned has no objection if he gets himself admitted in the Bachelor in Pharmacy (Practice) Course for the session-----.

He will be allowed to attend the course and facilities will be provided for carrying out the assignments as part of course in this Institution/Organization.

Signature and seal of the authorized person.

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

Sl.No.	Course	Particulars
a.	<b>D.Pharm – Training in Medical Stores / Hospital</b>  Appendix-E along with licence forms 20, 21, 21C and Registered Pharmacist <b>E-Certificate</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 / Hospital</b>  <b>Trained in Hospital under pharmacist</b> - Appendix-E along with license forms 20, 21, 21C and Registered Pharmacist <b>E-Certificate</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 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.  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.
c.	<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.

**5. Other documents to upload**

Sl.No	Particulars	Details
a.	KSPC original Registration Certificate	Scan and upload original KSPC Registration Certificate
b.	PCI approval letter (all the sheets)	PCI approval letter for the year of admission (YOA) + previous year + next year along with approved college list.
c.	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> <b>(College Principal seal, signature, registration no, name of the principal with date and mobile number is mandatory.)</b>
d.	Pharm D / Pharm D (Post Baccalaureate) – <b>Internship Certificate with logbook</b>	Click here to download the format of Pharm D Internship Certificate with logbook <a href="https://bit.ly/3KPSAKv">https://bit.ly/3KPSAKv</a>
e.	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 <a href="https://bit.ly/pharmacy_ethics">https://bit.ly/pharmacy_ethics</a>
f.	Photo	Scan and upload the recent passport size colour photo which white background only (jpg, jpeg, png). <b>(Note: Profile photo will be rejected.)</b>

g.	Signature	Sign, Scan and upload your signature in BLACK ink only on white background. (jpg, jpeg, png).
h.	Aadhar Card	Upload Original card issued by Government of India.

**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.
2. The Certificate issued by the Karnataka State Pharmacy Council will expire on 31<sup>st</sup> December of the subsequent year of date of registration.
3. Retention of Name in the register - Renew every year before 31st of March as per Sec.34 of the Pharmacy Act, 1948.
4. 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.