

Forwarding Letter

Full name & Address of Pharmacist

Telephone No.

E-mail Id :

Date :

To,
The Registrar
Gujarat State Pharmacy Council, Block- O/4,
New Mental Hospital Complex, Asarva,
Ahmedabad – 380 016.

SUB : REGISTRATION AS PHARMACIST

Sir,

With reference to the subject cited above, I Mr/Miss/Mrs.

_____ hereby apply in
(Surname) (Name) (Father's/Husband Name)
the prescribed Application Form to enter my name in the Pharmacy Register maintained by the
Gujarat State Pharmacy Council under the provisions of Pharmacy Act, 1948.

I enclosed herewith photocopies or all the required documents and testimonials duly
Self attested and information as per the rules along with the application form as enlisted below
in chronological order for your perusal.

Sr. No.		Particulars	Whether Enclosed Yes/No.	Page No.
1	2	3	4	5
1.		Prescribed Application Form.		
2.		One recent passport size photographs (5 X 4 Cms) of the applicant		
3.		In case of any change in the name of the applicant (any of the following documents)		
	(a)	Marriage certificate (In the case of married female candidate) or		
	(b)	A copy of gazette notification (in all other cases)		
4.		Proof of birth date and Birth place : School / College leaving certificate / S.S.C. Board certificate & Birth Certificate from competent authority.		
5.		Proof of residence in the Gujarat State such as (any of the following documents) :		
	(a)	Electric or telephone bill in the name of parent of the candidate.		
	(b)	L.I.C. policy of the candidate.		

5.	(c)	Identity card of the candidate Issued by the Election Commission.		
	(d)	Tax Bill from the relevant authority of panchayat or Nagarpalika or Municipal corporation regarding.		
	(e)	Passport of the candidate.		
		OR		
	(f)	Any Legal documents.		
6.		S.S.C. and H.S.C. Marks – sheet & Certificates (qualification on which basis the admission to Diploma/Degree Course in pharmacy/ Pharm.D. had been taken by the candidate).		
7.		College bonafied / Course Completion certificate with period of study.		
8.		College Leaving/Transfer Certificate mentioning date of admission and period of completion of studies in pharmacy (In the case of applicant who has passed Diploma/Degree in pharmacy examination from an institution of other than Gujarat State).		
9.		Degree/Diploma in Pharmacy Mark – sheet of all years.		
10.		Degree/Diploma in Pharmacy Certificate obtained from relevant University/Board of examination OR Provisional Certificate of the University/Board.		
11.		Pharm.D Mark-sheet (All years)		
12.		Pharm.D Degree/Provisional Certificate issued by the University.		
13.		An affidavit (as per specimen copy enclosed)		
14.		Prescribed Registration fees (Rs.....) (By cash if paid in person / by crossed Demand Draft in favour of “Gujarat State Pharmacy Council” drawn on State Bank of India, Ahmedabad or any schedule bank payable at Ahmedabad.)		
15.		Undertaking and affidavit (as per specimen in the case of applicant who has been registered as pharmacist in other state council)		
16.		Self-Addressed Cover (36 cms × 28 cms) with postage stamps of Rs. 40.		

Note :-

- (1) If the applicant is already registered with Gujarat State Pharmacy Council/other state pharmacy council then he/she have to surrender his/her original registration certificate to the Council.
- (2) The application Form completed in all respect along with all the required and duly attested supporting documents and testimonials (1 to 16) etc. if presented with prescribed fees by Cash / Crossed Demand Draft shall only be accepted and incomplete application forms without any of the supporting documents shall be rejected without entertaining any communication.

I hereby declare that I have read carefully and understood the above instructions and particulars supplied to me and all the entires herein are true to the best of my knowledge and belief.

Yours faithfully

Date :

(Signature of the Pharmacist)