

# HARYANA STATE PHARMACY COUNCIL, PANCHKULA

## 1. FOR MIGRATION REGISTRATION CERTIFICATE

First visit [www.hspc.in](http://www.hspc.in) for online registration and follow the procedure for online registration which is laid down on the home page of the website. After successful online registration take out the print out of Application Form and then submit the following documents in a **file cover of card board with tag**.

### **DOCUMENTS REQUIRED**

- A. Print out of duly filled Application Form generated online and **three** latest & identical passport size photos of which **1** be duly attested and one non attested alongwith one ticket size without attested photograph are to be attached.
- B. Proof of deposition of migration fees Rs. 5000/- (one time only) and registration fee Rs.4150/- (for five years only) in the form of original challan.
- C. **Original** Affidavit on non-judicial stamp paper of Rs. 10/- duly attested by Notary Public **OR** 1<sup>st</sup> Class Magistrate (downloaded from [www.hspc.in](http://www.hspc.in)).
- D. **Original** Affidavit on non-judicial stamp paper of Rs. 10/- for mentioning reason for Migration to Haryana State Pharmacy Council duly attested by Notary Public **OR** 1<sup>st</sup> Class Magistrate.
- E. Self attested copy of 10<sup>th</sup> mark sheet showing Date of Birth, Father's Name and Mother's Name of the applicant.
- F. Self attested copy of 12<sup>th</sup> Pass Certificate from Haryana Board or CBSE Board or any other Govt. Recognized Board showing requisite subjects passed i.e. as mentioned by the PCI
- G. Self attested copies of Mark-Sheets of Diploma/Degree in Pharmacy of all the years.
- H. Self attested copy of Diploma / Degree Certificate issued by the College/University.
- I. **Original** Registration Certificate of Previous State Pharmacy Council.
- J. Self attested Copy of Ration Card (front & its back side) showing name & address of applicant **OR** Voter I-Card or Haryana Domicile will be accepted as residence proof only.
- K. Self attested copy of Aadhar Card is mandatory for Aadhar link in order to avoid any duplication.
- L. Self – addressed large size water-proof envelope (25cmX30cm) in size or large size with fixing stamp of Rs. 40/-.

**Note: 1. The applicant is required to verify his/her Original Residence Proof and Original Aadhar Card from the office of Haryana State Pharmacy Council Panchkula on any working day within given timeline.**

**Note: 2. In exceptional cases fee may be deposited in the form of demand draft drawn in favour of Registrar Haryana State Pharmacy Council payable at Panchkula. The demand draft should be drawn from any nationalized bank.**



# HARYANA STATE PHARMACY COUNCIL

Plot No. C 15, Awas Bhawan, IInd Floor,  
Opp. Haryana Police Head Quarter, Sector-6,  
PANCHKULA

An ISO 9001:2008 Certified

## APPLICATION FORM FOR MIGRATION REGISTRATION

Affix latest  
self attested  
photograph

### INSTRUCTIONS

1. All particulars must be filled by the applicant in neat & legible handwriting.
2. The names and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered in the Matriculation/10<sup>th</sup> Certificate
3. Overwriting or Cutting will not be accepted in the Application Form otherwise the form will be rejected.
4. Incomplete application form will be rejected and the fee submitted will be forfeited.
5. Mere filling of application form and submission of fees does not entitle the candidate to be registered in the Haryana State Pharmacy Council. Only eligible candidates shall be allowed to be registered in the Haryana State Pharmacy Council.

1	Name of Candidate (in block letters as in Matriculation Certificate)	:	
2	Father's Name (CAPITAL LETTERS)	:	
3	Mother's Name (CAPITAL LETTERS)	:	
4	Place and date of birth (Proof of age to be attached)	:	
5	Nationality	:	Indian
6	Married/Unmarried	:	
7	Residential Address	:	

8	Contact Details	STD: _____ Phone: _____ Mobile: _____ Email: _____
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9 Give qualification details (Please strike whichever is not applicable)

Qualification	Session of Admission	Institution Name Address Tel.No. & Email	Name of the Board/University	Year of Passing
10 <sup>th</sup>				
10+2				
D.Pharm-1 <sup>st</sup> yr				
D.Pharm-2 <sup>nd</sup> yr				
B.Pharm-1 <sup>st</sup> yr				
B.Pharm-2 <sup>nd</sup> yr				
B.Pharm-3 <sup>rd</sup> yr				
B.Pharm-4 <sup>th</sup> yr				
M.Pharm-Final year				
Pharm. D				
Pharm. D (Post Baccalaureate)				
Details of Practical Training ( only for candidates going to be registered on the basis of D.Pharm / Pharm.D qualification Name of Hospital with Address _____ _____ Period of Training from _____ to _____ Total Hours of Training _____				

10. Employment details ( if applicable)

Employer	Name	Address	Period	
			From	To
Present				
Previous				

11. Details of renewal registration fees

Amount deposited	Date of Deposition	Name of Bank	Address of Bank	Challan No./Transaction ID

12. Declarations:

1. That previously was registered with \_\_\_\_\_ bearing Regn. Number \_\_\_\_\_ dated \_\_\_\_\_ and now I want to be registered with Haryana State Pharmacy Council, Panchkula.
2. That I have obtained the No Objection Certificate from the Council where I was Registered.
3. That I am a permanent resident of above said Address for the last \_\_\_\_\_ years.
4. I hereby declare that information given in the application form is true and I understand that my application is liable to be rejected summarily or the registration is liable to be cancelled forthwith, u/s 36 of the Pharmacy Act, 1948 if the above information is proved to be false in any particular, at any stage.

**Signature of Applicant** : \_\_\_\_\_  
**Date** : \_\_\_\_\_  
**Place** : \_\_\_\_\_

## AFFIDAVIT FOR MIGRATION REGISTRATION

**To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly attested by the  
1st Class Magistrate / Notary Public.**

### AFFIDAVIT

I.....S/o/D/o .....resident of..... Aged  
.....do hereby solemnly affirms and declare as under:

1. That I am a permanent resident of \_\_\_\_\_  
\_\_\_\_\_

(Mentioned address) for the last.....years. I have submitted my Ration card /  
Voter Card as a Residence proof of above mentioned Address.

**Note: If Voter Card is submitted, it must be certified by the Election officer or M C of the  
area.**

2. That I have submitted my Aadhar Card which is mandatory for Aadhar Link only.

3. That my Date of Birth as per matriculation certificate is.....

4. That I am a Citizen of India.

5. That I have passed my Matriculation from.....(Name of  
School) Affiliated with \_\_\_\_\_(Name of Board) Under Roll

6. That I have passed my 10+2/ Sen. Secondary from.....(Name  
of School) Affiliated with \_\_\_\_\_(Name of Board) Under Roll

No \_\_\_\_\_ in the year..... with \_\_\_\_\_ Stream( Medical / Non Medical).

7. That I have passed my \_\_\_\_\_( Diploma / Degree Pharmacy)

from.....(Name of Institute) Affiliated with

\_\_\_\_\_ (Name of University / Board) Under \_\_\_\_\_ ( Reg /

Permanent Roll No) in the year.....

8. That I have attended the \_\_\_\_\_ Course as a regular candidate (D. Pharm /B.  
Pharm/M.Pharm / Pharm D whichever is applicable).

9. That I have not worked anywhere at the time of Undergoing the Pharmacy course.

10. That previously was registered with \_\_\_\_\_ bearing Regn. Number \_\_\_\_\_ dated \_\_\_\_\_ and now I want to be registered with Haryana State Pharmacy Council, Panchkula.

11. That I shall abide by the rules & regulations of Haryana State Pharmacy Council constituted under Pharmacy Act, 1948 & I will wear White Apron during working hours.

12. That no case is pending against me under Drugs & Cosmetics Act, 1940 and rules in 1945 as well as pharmacy act 1948 and the rules made under State Pharmacy Rules 1951

13. That I have never been convicted under Pharmacy Act 1948, and the rules made under state pharmacy rules 1951.

14. That I will serve my business in Haryana State only.

15. That a Fee of Rs. ....with Bank Challan no..... dated.....hasbeendeposited

in \_\_\_\_\_ (Name of Bank with Address).

16. That all the documents submitted by me are true & genuine & if any documents submitted by me are proved to be false at any stage, I shall be held responsible & my registration may be cancelled at any time & I may be prosecuted as per Law.

DEPONENT

Verification:

Verified that the above statement of mine is true & correct to the best of my knowledge & nothing has been concealed there in.

DEPONENT

DATED:

PLACE

I know the deponent personally and he has signed in my presence.

**DECLARATION**

**( To be submitted by the Applicant who have no Diploma / Degree certificate at the time of Registration in HSPC and who have completed their Diploma / Degree in Pharmacy from Haryana State only)**

From

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To

The Registrar  
Haryana State Pharmacy Council  
Panchkula

**Sub:** Regarding undertaking for submitting Diploma / Degree.

R/Sir

I state that I have not received any Diploma / Degree from the College / University. So you are requested to register me as Pharmacist on the Basis of Provisional Certificate which I have submitted. I will submit my degree / diploma within six months.

**Signature of Applicant** : \_\_\_\_\_  
**Name of Applicant** : \_\_\_\_\_  
**Address** : \_\_\_\_\_

**UNDERTAKING**

**( To be submitted by the Applicant who have no Diploma / Degree certificate at the time of Registration in HSPC and who have completed their Diploma / Degree in Pharmacy from outer State only)**

From

The Principal

.....

.....

To

The Registrar  
Haryana State Pharmacy Council  
Plot No. C 15, Awas Bhawan, IInd Floor, Sector-6,  
Panchkula

**Sub:** Regarding undertaking for submitting Diploma / Degree.

R/Sir

It is to inform you that Mr. / Ms. .... s/o/d/o resident of .....  
..... has passed Diploma / Degree in Pharmacy from this institute  
vide Regn. No. .... Roll No. .... session ..... He was  
admitted in this institute on ..... The institute takes the responsibility of  
submission of Diploma / Degree by the candidate as & when it is received but not later than six  
months in the case of Diploma and within a month of issue of Degree from the University. The  
student has been issued the Provisional Certificate and on the basis of this certificate. He / She  
may kindly be registered as a pharmacist with the Council. Thanking You,

Yours faithfully,

(Name of the Officer with  
Designation & Stamp)