



KARNATAKA STATE PHARMACY COUNCIL
514/E, I Main, II Stage, Vijayanagar, Bangalore – 560 104
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E-mail: kspcreg@gmail.com, Web: www.kspcdic.com

KSPC – A1

**APPLICATION FOR FOREIGN NATIONALS NOT ELIGIBLE
FOR REGISTRATION TO SEEK ENDORSEMENT**

To,

The Registrar
Karnataka State Pharmacy Council
Bangalore - 560 104

Sir,

I, hereby applying for an endorsement certificate. I furnish the requisite particulars hereunder:

Name of the applicant in BLOCK letters (As per Qualifying Certificate / SSLC)	Smt / Shri:			
Name of the Father	Shri:			
Name of the Mother	Smt:			
Name of the Spouse (Husband/Wife)	Shri / Smt:			
Date of Birth		Blood Group:	Nationality: _____ (Enclose copy of passport and VISA)	
Permanent Address	DISTRICT: PIN:..... STATE:..... COUNTRY:			
Contact details	E-mail id:		Mobile No:	
			Land line No:	
Alternate contacts in India	Name:		Mobile No:	
	E-mail id:		Land line No:	
Qualification for Endorsement				
Qualification	Name of the College & Place	Name of the Board / University	Year of Admission	Year of Passing
D Pharm				
B Pharm				
M. Pharm				
Ph.D				
PharmD				
PharmD (PB)				
Passport and Visa Details				
Passport No & Validity		Visa No and Validity		

List of enclosures:

Sl. No.	Particulars	Self Attested Copy
		Yes/No
1	Proof of date of birth: Birth Certificate / SSLC or 10 th Std Marks Card / 10 th Transfer Certificate / 10 th School Leaving Certificate / Cumulative Record / Pan Card / Passport / Aadhar Card.	
2	Marks Card: SSLC / 10 th Standard	
3	Marks card (Diploma/Degree): D.Pharm/B.Pharm/M.Pharm/Ph.D/PharmD/PharmD(PB) – all previous marks card	
4	Pharmacy qualification certificate (All): D.Pharm / B.Pharm / M.Pharm / Ph.D/ PharmD / PharmD (PB) – all previous certificates	
5	PCI approval letter for the year of admission under Sub-Section 1 of Section 12 of the Pharmacy Act, 1948 of the qualification you register.	
6	Study Certificate from the college you studied	
7	Copy of the Passport	
8	Copy of the Visa	
9	NEFT Challan	

Details of Fees remitted (Fee once paid is non-refundable):

DD in favour of	Amount	NEFT No.	Date	Name of the bank	Receipt No / date (To be entered by the office)
KSPC	Rs. 5,000/-				

Declaration

1. I hereby declare that I have not applied for registration / endorsement / registered my name in any of the state pharmacy councils in India and this is my first application for endorsement at this council.
2. I hereby declare that I am not an Indian national / I am not residing in India and I don't intend to stay and practice profession of pharmacy in the Karnataka state.
3. I hereby affirm and declare that the information furnished above is true and correct to the best of my knowledge and belief. I also understand that incomplete application is liable to be rejected and any deficiency is to be made-up within 3 months. I am liable for disciplinary action in case the above information is found to be false and incorrect.
4. I understand that the Registrar reserves the right to call for any additional document/s to satisfy him on the eligibility for endorsement.

Place:

Date:

Passport photo
(Sign within the box only) Signature of the applicant