



KARNATAKA STATE PHARMACY COUNCIL
514/E, I Main, II Stage, Vijayanagar, Bangalore - 560 104
Ph: 080-23404000, 23383142
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	Smt / Shri:		
College ID / Employment ID if any			
Name of the Father	Shri:		
Name of the Mother	Smt:		
Name of the Spouse (Husband/Wife)	Shri / Smt:		
Age, Date & Place of birth	Age:	Blood Group:	Nationality: _____ (Enclose copy of passport and VISA in case you are not an Indian national)
Proof of date of birth	SSLC / X std / TC / Cumulative record / Birth Certificate (Tick the appropriate one)		
Residential address in Karnataka where you are staying or intend to stay	DISTRICT: PIN:.....		
Permanent Address	DISTRICT: PIN:..... STATE:..... COUNTRY:		
Contact details	E-mail id:	Mobile No:	Land line No:
Alternate contacts	Name:	Mobile No:	Land line No:
	E-mail id:		
Name and contact No of the land lord, if residing in a rented building	DISTRICT: PIN:.....		
Name and Contact No of the warden, in case college hostel address is given	Name: Ph. No: Designation:		

Qualification for Endorsement				
Qualification	Name of the College & Place	Name of the Board / University	Year of passing	PCI approval letter Ref No.
D Pharm				
B Pharm				
M. Pharm				
Ph.D				
PharmD				

List of enclosures:

Sl. No.	Particulars	Original	Self Attested Copy
		Yes/No	Yes/No
1.	Proof of date of birth: SSLC Marks Card / X std / Transfer Certificate / Cumulative Record / Birth Certificate – Original with one A4 Size Xerox Copy.		
2.	Marks Card: Second PUC - in original with one A4 Size Xerox Copy		
3.	Marks card: First and final year - all in original with one A4 Size Xerox Copy.		
4.	Pharmacy qualification certificate: D. Pharm / B. Pharm / M. Pharm / PharmD. - all in original with one A4 Size Xerox Copy.		
6.	Recent passport size colour photos (2 Nos.) Please write the name of the candidate on the back of the photos.		
7.	Blood Group report issued by a pathology laboratory / hospital.		
8.	PCI letter showing the approval status of the college at the time of admission (1 st Year).		
9.	Affidavit as per format, in case request for endorsement is delayed beyond 12 months from date of receipt of diploma / degree certificate.		

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

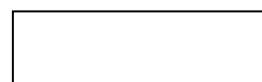
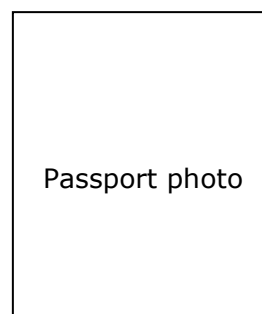
DD in favour of	Amount	Demand draft No	Date	Name of the bank	Receipt No / date (To be entered by the office)
KSPC	Rs. 2,000/-				

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 himself on the eligibility for endorsement.

Place:

Date:



(Sign within the box only)
Signature of the applicant