



KARNATAKA STATE PHARMACY COUNCIL

514/E, I Main, II Stage, Vijayanagar, Bangalore – 560 104

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ELIGIBILITY LETTER TO REGISTER IN OTHER STATE PHARMACY COUNCILS – KSPC-A2

1. General Instructions

- The applicant should have completed 18 years of age.
- Registerable Qualifications - D. Pharm, B. Pharm, Pharm D approved by Pharmacy Council of India
- Institution / College should have been approved by Pharmacy Council of India at the time of admission to 1st year.

2. Fees

Registerable Qualification - Payment -1	Additional Qualification - Payment – 2*
Amount: Rs.1,000.00/- 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	Amount: Rs.500.00/- 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

Note:

* - **Payment – 2** – Applicant who intend to add their additional qualification in the eligibility letter payment - 2 is a must.

3. Personal details to be filled by the applicant

Sl.No	Particulars	Details
1.	Name of the Candidate	As per Diploma / Degree Certificate.
2.	Father's Name	As per Diploma / Degree Certificate.
3.	Mother Name	As per SSLC or 10th marks card / Cumulative Record / Birth Certificate / Passport with validity (issued by competent authority).
4.	Date of Birth	As per SSLC or 10th marks card / Cumulative Record / Birth Certificate / Pan Card / Passport with validity (issued by competent authority).
5.	E-mail	Candidate personal mail ID (for validation and further communication).
6.	Mobile No	Candidate mobile number (for validation and further communication).
7.	Blood Group	Report issued by a pathology laboratory / hospital.
8.	Residential Address	Refer Sl.No 4 for details

4. Scan and keep ready the following original documents before filling the application form:

A	B
Proof for Date of Birth (issued by competent authority) – any one proof	Address Proof of the Candidate - (both sides wherever applicable) – any one proof
<ul style="list-style-type: none"> ➤ SSLC or 10th marks card ➤ Cumulative Record ➤ Birth Certificate ➤ Pan Card ➤ Passport with validity 	<ul style="list-style-type: none"> ➤ Voter ID ➤ Ration Card ➤ Aadhar Card ➤ Driving License ➤ Passport with validity

5. 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)

	SSLC	PUC	Diploma		B.Pharm					M.Pharm		Ph.D	Pharm D*						Pharm D* (PB)													
		I year & II year	I year	II year	Practical Training Form	Diploma Certificate	I year	II year	III year	IV year	Practical Training Certificate	Provisional Certificate	Degree Certificate	I year	II year	Provisional Certificate	Degree Certificate	Convocation	I	II	III	IV	V	VI (internship)	Provisional Certificate	Degree Certificate	I	II	III (internship)	Provisional Certificate	Degree Certificate	
D.Pharm	✓	✓	✓	✓	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.Pharm	✓	✓	-	-		-	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
B.Pharm +D.Pharm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
M.Pharm	✓	✓	-	-		-	✓	✓	✓	✓		-	✓	✓	✓	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
M.Pharm +B.Pharm + D.Pharm	✓	✓	✓	✓		✓	✓	✓	✓	✓		-	✓	✓	✓	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ph.D	✓	✓	-	-		-	✓	✓	✓	✓		-	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	
Ph.D+ M.Pharm +B.Pharm +D.Pharm	✓	✓	✓	✓		✓	✓	✓	✓	✓		-	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	
PharmD + D.Pharm	✓	✓	✓	✓		✓	-	-	-	-		-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	-	
PharmD	✓	✓	-	-		-	-	-	-	-		-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	-	
PharmD (PB)	✓	✓	-	-		-	✓	✓	✓	✓		-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	
PharmD (PB) +B.Pharm + D.Pharm	✓	✓	✓	✓		✓	✓	✓	✓	✓		-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	

Training Certificate (upload along with Certificate)

Sl.No.	Course	Particulars	
1.	D.Pharm (Appendix-E)	Training in Medical Stores / Hospital (Licence Forms 20, 21, 21C and copy of the Registered Pharmacist Certificate)	<p>Section-I to V (All the sections must be filled and the dates must be in chronological order only)</p> <p>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.</p>
2.	B.Pharm	Training in Industry / Hospital	Undergone training in Industry / Hospital for (hrs) from to Seal and Signature by the HR Manager / Head of the Industry or Director/Superintendent from the hospital and countersigned by the Principal with seal and date.
3.	Pharm D / Pharm D (Post Baccalaureate)	Internship	A certificate of satisfactory completion of training along with log book (attendance with signature) from the Director / Superintendent from the hospital which shall be countersigned by the Principal or Dean of the Pharmacy College you studied.

Note: Any corrections made should be countersigned by the respective authority.

6. Other documents

Sl.No	Particulars	Details
a.	PCI approval letter (all the sheets)	PCI approval letter for the year of admission (YOA) along with approved college list for the academic year+ previous year approval list.
b.	Student Study Certificate Letter from College (original)	Click here to download the format of the certificate http://kspcdic.com/sites/Bonafide%20college%20Letter.pdf
c.	Photo	Scan and upload the recent passport size colour photo which white background only (jpg, jpeg, png). (Note: Profile photo will be rejected.)
d.	Signature	Sign, Scan and upload your signature in BLACK ink only on white background. (jpg, jpeg, png).

Note:

1. Eligibility Letter will be issued within one week on verification of the documents by the Council.
2. 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.