



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

Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (KPCRPT)

1. Eligibility:

1. The applicant should be a Citizen of India and should be between 18 to 60 years of age to enroll under KPCRPT.
2. The applicant must be a Registered Pharmacist in Karnataka State Pharmacy Council.

2. Fees (Refer Notifications on www.kspcdic.com)

Fee can be directly remitted to the following account by NEFT / Net Banking (Credit & Debit Card)

Payment – 1 (KPCRPT)
Amount: Rs.4200/- Bank Name: Karnataka Bank Limited Branch: Vijayanagar IFSC Code: KARB0000105 Account Name: "Karnataka Pharmacy Council Registered Pharmacist Welfare Trust" Account Type: Savings Bank Account No. : 1052500100173701

Note: If payment is made by NEFT, the Counter foil of the payment remitted to **KPCRPT** account should be uploaded.

3. Benefits under this scheme:

The benefits under scheme will be given only if the Registered Pharmacist renews his/her registration from time to time in the rolls of the Karnataka State Pharmacy Council at the time of the claims.

Medical Claim	Death Claim
<ul style="list-style-type: none">✓ A partial disbursement up to 1/3 of the minimum amount for the medical treatment in case of serious illness such as cancer, cardiac surgery, kidney transplantation etc. to be decided by Trust Executive Committee on Merits.✓ A discharge certificate from the Hospital / Nursing Home indicating the brief report of illness and the treatment given should be produced in original or a certified copy.	<ul style="list-style-type: none">✓ The quantum of amount of Rs.1,00,000/- to be given in case of death which will be reviewed every year depending upon the trust resources.✓ Any partial amounts paid under medical claim will be deducted from final settlement to the nominee.✓ Death Certificate issued by a competent authority in original shall be produced along with claim.✓ The claim shall be made in writing by the nominee whose is registered in the trust.✓ In case the Registered nominee is not alive at the time of claim, only the legal heir approved by the court of law can make the claim producing the proof of their legal heir rights. The claim should be made within 3 months or 90 days from the date of death.

4. Change of Nominee:

- ✓ The Registered Pharmacist can at any time Change the Nominee by applying through online **on www.kspcdic.com** under KPCRPT-A.
- ✓ In case of death of a Nominee, the Registered Pharmacist should change the nominee immediately by applying through online **on www.kspcdic.com** under KPCRPT-A.

5. Scan and keep ready all the following documents of Nominee (Nominee should be blood relation only)

Major	Minor
<ol style="list-style-type: none">1. Address proof of the Nominee2. Aadhar Card of the Nominee3. Nominee Photo - Recent passport size colour photo which white background only (jpg, jpeg, png). (Note: Profile photo will be rejected.)4. Nominee Signature - Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg, png).	<ol style="list-style-type: none">1. Proof of Date of Birth of the Nominee - Birth Certificate / School Certificate / Passport / Aadhar Card etc., (issued by competent authority).2. Address proof of the Nominee3. Aadhar Card of the Nominee4. Nominee Photo - Recent passport size colour photo which white background only (jpg, jpeg, png). (Note: Profile photo will be rejected.)5. Nominee Signature - Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg, png).6. Self-attested address proof of the Guardian.7. Aadhar Card of the Guardian8. Guardian Photo - Recent passport size colour photo which white background only (jpg, jpeg, png). (Note: Profile photo will be rejected.)9. Guardian Signature - Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg, png).

Application Form - Print the copy of the auto generated Application Form sent to your registered mail, sign (in BLACK ink only) and send with 15" * 11" size self-addressed (Capital letters only) non-terable cloth lined envelop cover to KSPC office within 7 working days for verification.

ALSO MENTION ON ENVELOP COVER **"ONLINE APPLICATION FOR KARNATAKA PHARMACY COUNCIL REGISTERED PHARMACIST WELFARE TRUST (KPCRPT)"**

Note:

1. The Enrollment Certificate will be sent to your residential address by speed post / courier.
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.