



KARNATAKA STATE PHARMACY COUNCIL

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Web_KSPC: www.kspcdic.com Web_KSPCDIRC - <http://karnatakaduginfo.com/>

FRESH APPLICATION – KSPC-A

1. General Instructions

- The applicant should be a Citizen of India and 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 D. Pharm, B. Pharm, Pharm D.

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 (KSPC)	Payment – 2 (KPCRPT)	Payment – 3* (Additional Qualification)
Amount: Rs.3,750.00/- 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.4,200/- Account Name: " Karnataka Pharmacy Council Registered Pharmacist Welfare Trust " Account Type: Savings Bank Account No.: 1052500100173701 Bank Name: Karnataka Bank Limited Branch: Vijayanagar IFSC Code: KARB0000105	Amount: Rs.1,000/- per Qualification. Bank Name: State Bank of India Branch: Vijayanagar II Stage IFSC Code: SBIN0040231 Account Name: "Karnataka State Pharmacy Council" Account Type: Savings Bank Account No.: 52117060304
Delay in Registration		Rs.200/- per year

Note:

* - **Payment – 3** – Applicable to pharmacists who intend to upgrade their qualification along with the Registerable Qualification

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 10 th 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 of Karnataka	Refer Sl.No 4 for details
9.	Permanent Address	Refer Sl.No 4 for details

PharmD + D.Pharm	✓	✓	✓	✓	✓	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	-
PharmD	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	-
PharmD (PB)	✓	✓	-	-	-	✓	✓	✓	✓	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓
PharmD (PB) +B.Pharm + D.Pharm	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓

Note: Provisional Degree Certificate (PDC) is valid for a period of one year from the date of issue of PDC.

Practical Training Form / Certificate (upload along with Certificate)

Sl.No.	Course	Particulars
a.	D.Pharm & B.Pharm (Practice) – Training in Medical Stores / Hospital Appendix-E along with licence forms 20, 21, 21C and Registered Pharmacist Certificate. E-Certificate if registered with KSPC Note: Renewal status of the apprentice master / pharmacist must be current.	Section-I to V (All the sections must be filled, and the dates must be in chronological order only) 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.
b.	B.Pharm - Training in Industry E-Certificate if registered with KSPC Note: Renewal status of the apprentice master / pharmacist must be current.	Student name, Course, College name, number of hours training undergone in Industry from ... to ...(period) on a Company letterhead with seal and signature by the HR Manager/Head of the Industry and countersigned by the Principal with seal, signature and date.
c.	B.Pharm - Training in Hospital Trained in Hospital under pharmacist - Appendix-E along with license forms 20, 21, 21C and Registered Pharmacist Certificate. E-Certificate if registered with KSPC Note: Renewal status of the apprentice master / pharmacist must be current.	Student name, Course, College name, number of hours training undergone in Hospital, from to ...(period) on a Hospital letterhead with seal and signature you undergone under a Pharmacist and Director / Superintendent from the hospital and countersigned by the Principal with seal, signature and date.
d.	Pharm D / Pharm D (Post Baccalaureate) – Internship – Training in Hospital For format refer SI.No.6(c)	1) A certificate of satisfactory completion of training on a hospital letterhead with seal and signature from the Director/ Superintendent of the hospital which shall be countersigned by the Principal or Dean of the Pharmacy College you studied. 2) Logbook with attendance of each department with seal and signature of the HOD.

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

6. Other documents to upload for all

Sl.No	Particulars	Details
a.	PCI approval letter (all the sheets)	PCI approval letter for the year of admission (YOA) + previous year + next year along with approved college list.
b.	Student Study Certificate Letter from College (original)	Click here to download the format of the certificate https://kspcdic.com/pdf/Bonafide%20college%20Letter-29082020.pdf (College Principal seal, signature, registration no, name of the principal with date and mobile number is mandatory.)

c.	Pharm D / Pharm D (Post Bacalaureate) – Internship Certificate with logbook	Click here to download the format of Pharm D Internship Certificate with log book https://kspcdic.com/pdf/Pharm%20D%20internship%20cert%20with%20log%20book%20-%2020-01-2020.pdf
d.	Professional Status	Letter for a Company / Institution / Hospital / Community Pharmacy on a letter head that you are currently working with date of joining till date + ID Card
e.	Affidavit – Pharmacy Ethics (all the sheets) on Karnataka Stamp Paper only	On Rs.20/- Non-Judicial Bond Paper (not less than 15 working days from the date of Notarization) attested by Notary as per format. Click here to download https://kspcdic.com/pdf/affidavits/Pharmacy%20Ethics%20-%2002-11-2018.pdf
f.	Affidavit (all the sheets) - Candidate who has failed to register within 12 months from the date of Diploma / Degree certificate issued - on Karnataka Stamp Paper only	On Rs.20/- Non-Judicial Bond Paper (not less than 15 working days from the date of Notarization) attested by Notary as per format. Click here to download the https://kspcdic.com/pdf/affidavits/Form-A%20-%20those%20who%20have%20failed%20to%20register%20within%20one%20year%20-%2025-04-2019.pdf
g.	Affidavit (all the sheets) - Candidates who have studied BAMS/BUMS/BNYS/BSMS/ BSAM /Nursing/Physiotherapy/Integrated /B.E/B.Sc/B.Com/any other degree (upload all relevant marks card and certificates along with affidavit) on Karnataka Stamp Paper only	On Rs.100/- Non-Judicial Bond Paper (not less than 15 working days from the date of Notarization) attested by Notary as per format. Click here to download the https://kspcdic.com/pdf/affidavits/Affidavit%20for%20candidate%20who%20have%20studied%20BAMS,%20Pharmacy%20and%20other%20degree%20-%2025-04-2019.pdf
h.	Study GAP Affidavit (Other reasons apart from Education) (upload all relevant marks card and certificates along with affidavit) on Karnataka Stamp Paper only	On Rs.20/- Non-Judicial Bond Paper (not less than 15 working days from the date of Notarization) attested by Notary as per format. Click here to download the https://kspcdic.com/pdf/affidavits/Affidavit%20for%20Study%20GAP%20Certificate%20(apart%20from%20education)_25-04-2019.pdf
i.	Affidavit for Change of Name on Karnataka Stamp Paper only	Affidavit from 1 st Class Judicial Magistrate on Rs.20/- Non-Judicial Bond Paper with seal and signature along with Court Order / Gazette Notification & Paper Advertisement authenticating change of name.
j.	Photo	Scan and upload the recent passport size colour photo which white background only (jpg, jpeg). (Note: Profile photo will be rejected.)
k.	Signature	Sign, Scan and upload your signature in BLACK ink only on white background. (jpg, jpeg).
l.	Aadhar Card (both sides)	Upload Original card issued by Government of India.

Submission of Originals - As mentioned in Sl. No. 5

KARNATAKA PHARMACY COUNCIL REGISTERED PHARMACIST WELFARE TRUST (KPCRWT-A)

1. Eligibility:

- The applicant should be a Citizen of India and should be between 18 to 60 years of age to enroll under KPCRWT.
- The applicant must be a Registered Pharmacists in Karnataka State Pharmacy Council.

2. Benefits under this scheme:

IN CASE OF MEDICAL CLAIM	IN CASE OF DEATH:
<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.1,25,000/- 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.

3. Scan and keep ready all the following documents of the 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). (Note: Profile photo will be rejected.)4. Nominee Signature - Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg).	<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). (Note: Profile photo will be rejected.)5. Nominee Signature - Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg).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). (Note: Profile photo will be rejected.)9. Guardian Signature - Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg).

4. Payment made by NEFT: Counter foil of the payment remitted to KPCRPT account should be uploaded.

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

ALSO MENTION ON COVER **"ONLINE APPLICATION FOR FRESH APPLICATION"**

Note:

1. If the applications are submitted by post / courier Original Certificates submitted by the pharmacist will be returned along with the KSPC, KPCRPT Certificate and ID Card issued by the Council.
2. The Certificate issued by the Karnataka State Pharmacy Council will expire on 31st December of the subsequent year of date of registration.
3. Retention of Name in the register - Renew every year before 31st of March as per Sec.34 of the Pharmacy Act, 1948.
4. 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.