



**KARNATAKA STATE PHARMACY COUNCIL**  
514/E, I Main, II Stage, Vijayanagar, Bangalore – 560 104  
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E-mail: kspcreg@gmail.com  
Web\_KSPC: [www.kspcdic.com](http://www.kspcdic.com) Web\_KSPCDIRC - <http://karnatakadruginfo.com/>

## RE-REGISTRATION APPLICATION (TRANSFER) – KSPC-B

### 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
- Those who have already registered in other State Pharmacy Councils.

### 2. Fees (Refer Notifications on [www.kspcdic.com](http://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)
<b>Amount:</b> 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	<b>Amount:</b> 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	<b>Amount:</b> 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
<b>Payment – 4 – KSPC Charges</b>	<b>NOC request from other Councils/States to KSPC</b>	<b>Rs.250/-</b>
<b>Payment – 5 – Transfer Fee of the following State Pharmacy Councils to be submitted to KSPC</b>		
<b>Kerala State Pharmacy Council</b>	DD in favor of "Kerala State Pharmacy Council, Thiruvanthapuram"	<b>Rs.500/-</b>
<b>Tamilnadu State Pharmacy Council</b>	DD in favor of "The Registrar, Tamilnadu State Pharmacy Council, Chennai"	<b>Rs.100/-</b>
<b>Maharashtra State Pharmacy Council</b>	DD in favor of "Maharashtra State Pharmacy Council, Mumbai"	<b>Rs.500/-</b>

### Note:

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

**Payment made by NEFT:** The Counter foil of the payment remitted to **KSPC** account should be uploaded.

### 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 <sup>th</sup> 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).





c.	Pharm D / Pharm D (Post Baccalaureate) – Internship Certificate with logbook	Click here to download the format of Pharm D Internship Certificate with log book <a href="https://kspcdic.com/pdf/Pharm%20D%20internship%20cert%20with%20log%20book%20-%202020-01-2020.pdf">https://kspcdic.com/pdf/Pharm%20D%20internship%20cert%20with%20log%20book%20-%202020-01-2020.pdf</a>
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 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 <a href="https://www.kspcdic.com/sites/default/files/Fresh%20&amp;%20Transfer%20Affidavit%20for%20Pharmacy%20Ethics.pdf">https://www.kspcdic.com/sites/default/files/Fresh%20&amp;%20Transfer%20Affidavit%20for%20Pharmacy%20Ethics.pdf</a>
f.	Affidavit for Change of Name on Karnataka Stamp Paper only	Affidavit from 1 <sup>st</sup> Class Judicial Magistrate on Rs.20/- Non-Judicial Bond Paper with seal and signature / Court Order / Gazette Notification / Marriage Certificate & Paper Advertisement authenticating change of name.
g.	Registration Certificate & ID card / PP card	Original Registration Certificate & ID card / PP card of other State Pharmacy Council you last registered.
h.	Photo	Scan the recent passport size colour photo which white background only (jpg, jpeg). <b>(Note: Profile photo will be rejected.)</b>
i.	Signature	Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg).
j.	Aadhar Card	Upload Original Issued by Government of India.

**NOTE – NOTE –** Upload GAP Affidavit with relevant documents / marks cards and professional documents under Affidavit will be valid for 15 working days from the date of notarization (Candidate who has failed to register within 12 months from the date of Diploma / Degree certificate issued)

**Submission of Originals - As mentioned in Sl. No. 5 & 6(f) and 6(g)**

## **KARNATAKA PHARMACY COUNCIL REGISTERED PHARMACIST WELFARE TRUST (KPCRPT-A)**

### **1. Eligibility:**

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

### **2. Benefits under this scheme:**

<b>IN CASE OF MEDICAL CLAIM</b>	<b>IN CASE OF DEATH:</b>
<ul style="list-style-type: none"> <li>✓ 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.</li> <li>✓ 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.</li> </ul>	<ul style="list-style-type: none"> <li>✓ 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.</li> <li>✓ Any partial amounts paid under medical claim will be deducted from final settlement to the nominee.</li> <li>✓ Death Certificate issued by a competent authority in original shall be produced along with claim.</li> <li>✓ The claim shall be made in writing by the nominee whose is registered in the trust.</li> <li>✓ 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.</li> </ul>

**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"> <li>1. Address proof of the Nominee</li> <li>2. Aadhar Card of the Nominee</li> <li>3. Nominee Photo - Recent passport size colour photo which white background only (jpg, jpeg). <b>(Note: Profile photo will be rejected.)</b></li> <li>4. Nominee Signature - Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg).</li> </ol>	<ol style="list-style-type: none"> <li>1. Proof of Date of Birth of the Nominee - Birth Certificate / School Certificate / Passport / Aadhar Card etc., (issued by competent authority).</li> <li>2. Address proof of the Nominee</li> <li>3. Aadhar Card of the Nominee</li> <li>4. Nominee Photo - Recent passport size colour photo which white background only (jpg, jpeg). <b>(Note: Profile photo will be rejected.)</b></li> <li>5. Nominee Signature - Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg).</li> <li>6. Self-attested address proof of the Guardian.</li> <li>7. Aadhar Card of the Guardian</li> <li>8. Guardian Photo - Recent passport size colour photo which white background only (jpg, jpeg). <b>(Note: Profile photo will be rejected.)</b></li> <li>9. Guardian Signature - Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg).</li> </ol>

**4. Payment made by NEFT:** Counter foil of the payment remitted to **KPCR PWT** 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 TRANSFER OF APPLICATION"**

**Note:**

1. If the applications are submitted by post / courier Original Certificates submitted by the pharmacist will be returned along with the KSPC, KPCR PWT Certificate and ID Card issued by the Council.
2. The Certificate issued by the Karnataka State Pharmacy Council will expire on 31<sup>st</sup> December of the subsequent year of date of registration.
3. Retention of Name in the register - Renew every year before 31<sup>st</sup> 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.