KARNATAKA STATE PHARMACY COUNCIL
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E-mail: kspcreg@gmail.com
Web_KSPC: www.kspcdic.com Web_KSPCDIRC - http://karnatakadruginfo.com/

ADDITIONAL QUALIFICATION

1. General Instructions

- Registered Pharmacist has to renew and then apply for Duplicate Certificate.
- Use KSPC-E form for Renewal. Click https://kspcdic.com/renewals

2. Eligibility:

1. Pharmacist who have registered with Karnataka State Pharmacy Council only.
2. Validity of Registration must be upto date.
3. Qualifications with: B Pharm, M. Pharm, Ph.D in Pharmacy, Pharm D, Pharm D (PB).
4. Institute / College must be approved by Pharmacy Council of India at the time of admission to 1st year.

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

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

For each qualification Rs.1,000.00/- + Rs.200/- E-Certificate charges
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 made by NEFT: The Counter foil of the payment remitted to **KSPC** account should be uploaded.

4. 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	✓	✓	✓	✓		✓	✓	✓	✓	✓		-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓

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

B.Pharm (Practice)

	SSLC	PUC	Diploma				B.Pharm Practice				Pharmacy practice experience in a community pharmacist *1	Pharmacy practice experience in a hospital pharmacist *2	No Objection Certificate *3
			I year	II year	Practical Training Form	Diploma Certificate	I year	II year	Provisional Certificate	Degree Certificate			
D.Pharm	✓	✓	✓	✓	✓	✓	-	-	-	-			
B.Pharm Practice	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓

Note:

*1. A certificate from competent authority stating that the candidate is endorsed as registered pharmacist in the drug license of a pharmacy as proof of practice experience in case of community pharmacist **(as submitted to the college during admission).**

*2. A certificate from the Principal/Medical Superintendent / competent person of the Hospital/Health Unit stating that the candidate is working as a pharmacist will be accepted as proof of practice experience in case of hospital pharmacist **(as submitted to the college during admission).**

*3. Copy of the 'No Objection Certificate' **(as submitted to the college during admission)**

Practical Training Form / Certificate (upload along with Certificate)

Sl.No.	Course	Particulars
a.	**D.Pharm – Training in Medical Stores / Hospital** Appendix-E along with licence forms 20, 21, 21C and Registered Pharmacist **E-Certificate** **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 / Hospital** **Trained in Hospital under pharmacist -** Appendix-E along with license forms 20, 21,	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

	21C and Registered Pharmacist **E-Certificate** **Note: Renewal status of the apprentice master / pharmacist must be current.**	Principal with seal, signature and date. 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.
c.	**Pharm D / Pharm D (Post Baccalaureate) – Internship – Training in Hospital** **For format refer Sl.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.

5. Other documents to upload

Sl.No	Particulars	Details
a.	KSPC original Registration Certificate	Scan and upload original KSPC Registration Certificate
b.	PCI approval letter (all the sheets)	For the year of admission under Sub-Section 1 of Section 12 of the Pharmacy Act, 1948 of the qualification you propose to upgrade.
c.	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.)**
d.	Pharm D / Pharm D (Post Baccalaureate) – 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
e.	Affidavit – Pharmacy Ethics (all the sheets)	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.	Photo	Scan and upload the recent passport size colour photo which white background only (jpg, jpeg, png). **(Note: Profile photo will be rejected.)**
g.	Signature	Sign, Scan and upload your signature in BLACK ink only on white background. (jpg, jpeg, png).
h.	Aadhar Card	Upload Original card issued by Government of India.

Submission of Originals - As mentioned in Sl. No. 4 & 5(a)

Application Form - Print the copy of the auto generated Application Form sent to your mail sign (in BLACK ink only) and send Original KSPC Registration Certificate and all the original documents along 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 ADDITIONAL QUALIFICATION"

Note:

1. If the applications are submitted by post / courier Original Certificates submitted by the pharmacist will be returned along with the Additional Qualification Certificate issued by the Council.
2. Retention of Name in the register - Renew every year before 31st of March as per Sec.34 of the Pharmacy Act, 1948.
3. The council is nowhere responsible for any wrong information provided by the pharmacist and deviations from the original certificates. Please ensure proper filling of the application before submission.