



KARNATAKA STATE PHARMACY COUNCIL
514/E, I Main, II Stage, Vijayanagar, Bangalore – 560 104
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ENDORSEMENT TO FOREIGN NATIONAL APPLICATION

1. General Instructions

- The applicant should have completed 18 years of age and is a Foreign National.
- 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 (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* (Additional Qualification)
Amount: Rs.8,200.00/- 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.2,000/- per Qualification. 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** – Those pharmacists who intend to upgrade their qualification along with the basic 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 10 th marks card / Cumulative Record / 10 th Transfer Certificate / Birth Certificate / Passport with validity (issued by competent authority).
4.	Date of Birth	As per SSLC or 10 th marks card / Cumulative Record / 10 th School Leaving Certificate / 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).

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

A	C
Proof for Date of Birth (issued by competent authority)	Non-Resident - Address Proof of the Candidate (both sides wherever relevant)
<ul style="list-style-type: none"> ➤ SSLC or 10th marks card or 12th Marks Card ➤ Passport with validity 	<ul style="list-style-type: none"> ➤ Passport with Issue Date and Expiry Date ➤ Visa with Issue Date and Expiry Date

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 Certificate	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	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓	✓

Practical Training Form / Certificate (upload along with Certificate)

Sl.No.	Course	Particulars
1.	D.Pharm – Training in Medical Stores / Hospital Appendix-E along with licence forms 20, 21, 21C and copy of the Registered Pharmacist Certificate	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.
2.	B.Pharm - Training in Industry / Hospital Company / Hospital letter head	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 – Training in Hospital	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 (both sides)	For the year of admission under Sub-Section 1 of Section 12 of the Pharmacy Act, 1948 of the qualification you propose to register.
b.	Student Study Certificate Letter from College	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). (Note: Profile photo will be rejected.)
d.	Signature	Sign, Scan and upload your signature in BLACK ink only on white background. (jpg, jpeg).
e.	Passport	Upload Original with Passport No., Issue date and Expiry Date
f.	Visa	Upload Original with Visa No., Issue date and Expiry Date

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

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 ENDORSEMENT OF FOREIGN NATIONALS"**

Note:

1. If the applications are submitted by post / courier Original Certificates submitted by the pharmacist will be returned along with the Endorsement Certificate issued 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.