



KARNATAKA STATE PHARMACY COUNCIL
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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)

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.3,700.00/- 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

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 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	✓	✓	✓	✓		✓	✓	✓	✓	✓		-	✓	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	✓	✓

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 to upload

Sl.No	Particulars	Details
a.	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 register.
b.	Student Study Certificate Letter from College (original)	Click here to download the format of the certificate http://kspcdic.com/sites/Bonafide%20college%20Letter.pdf
c.	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 http://www.kspcdic.com/sites/default/files/Fresh%20%20Transfer%20Affidavit%20for%20Pharmacy%20Ethics.pdf
d.	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 / Court Order / Gazette Notification / Marriage Certificate & Paper Advertisement authenticating change of name.
e.	Registration Certificate & ID card / PP card	Original Registration Certificate & ID card / PP card of other State Pharmacy Council you last registered.
f.	Photo	Scan the recent passport size colour photo which white background only (jpg, jpeg). (Note: Profile photo will be rejected.)
g.	Signature	Sign and Scan your signature in BLACK ink only on white background. (jpg, jpeg).
h.	Aadhar Card	Upload Original Issued by Government of India.

Submission of Originals - As mentioned in Sl. No. 5 & 6(e)

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:

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 Nominee 2. Aadhar Card of the Nominee 3. 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 Nominee 3. Aadhar Card of the Nominee 4. 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 Guardian 8. 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 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, 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.