

HARYANA STATE PHARMACY COUNCIL, PANCHKULA

DOCUMENTS REQUIRED FOR CHANGE OF NAME IN REGISTRATION CERTIFICATE

- A. File Cover of Card Board with tag.
- B. Prescribed Application Form duly filled along with attested latest photograph of the candidate.
- C. Prescribed Fee Rs. 1000/- deposited in any of the Punjab National Bank Branches through challan generated online at the time of filling online application for Change of Name in Registration Certificate.
- D. Original Affidavit on non-judicial stamp paper of Rs.10/-duly attested by Notary Public **OR** 1stClass Magistrate (downloaded from www.hspc.in).
- E. Original Registration Certificate issued by Haryana State Pharmacy Council
- F. Photocopy duly attested by the First Class Magistrate (i.e. Sub-Divisional Magistrate, Executive Magistrate) or the Competent Authority of Court Notification and a certified copy of publication in the newspaper.



HARYANA STATE PHARMACY COUNCIL

S C O 208, IInd Floor, Sector-14,
PANCHKULA

An ISO9001:2008 Certified

APPLICATION FORM
FOR CHANGE OF NAME IN
REGISTRATION CERTIFICATE

Affix latests
elfattestedp
hotograph

INSTRUCTIONS

1. All particulars must be filled by the applicant in neat & legible hand writing.
2. The names and particulars entered in this application must exactly correspond with the name and particulars of the applicant entered in the Matriculation/10th Certificate
3. Overwriting or Cutting will not be accepted in the Application Form otherwise the form will be rejected.
4. Incomplete application form will be rejected and the fee submitted will be forfeited.
5. Mere filling of application form and submission of fees does not entitle the candidate to be registered in the Haryana State Pharmacy Council. Only eligible candidates shall be allowed to be registered in the Haryana State Pharmacy Council.

Registration No. _____ Date of Registration _____ Renewed upto _____
Name in the Registration Certificate _____
Changed name to be mentioned in the Registration
Certificate _____

1	Name of Candidate (in block letters as in Matriculation Certificate)	:	
2	Father's Name (CAPITAL LETTERS)	:	
3	Mother's Name (CAPITAL LETTERS)	:	
4	Place and date of birth (Proof of age to be attached)	:	
5	Nationality	:	Indian

6	Married/Unmarried	:	
7	Residential Address	:	
8	Contact Details	STD: _____	
		Phone: _____	
		Mobile: _____	
		Email: _____	

9 Give qualification details (Please strike whichever is not applicable)

Qualification	Session of Admission	Institution Name Address Tel.No.&Email	Name of the Board/University	Year of Passing
10 th				
10+2				
D.Pharm-1 st yr				
D.Pharm-2 nd yr				
B.Pharm-1 st yr				
B.Pharm-2 nd yr				
B.Pharm-3 rd yr				
B.Pharm-4 th yr				
M.Pharm Final Year				
Ph.D				
Pharm.D				
Pharm. D(Post Baccala				

10. Employment details (if applicable)

Employer	Name	Address	Period	
			From	To
Present				
Previous				

11. Details of fees for Migration of Registration

Amount deposited	Date of deposit	Name of Bank	Address of Bank	Challan No./Transaction ID

12. Declarations:

1. I hereby declare that I have not so far registered my name in any other State Pharmacy Council in India.

2. I hereby declare that I am the same person who was previously registered with the council under the Name _____ and now I have changed my name i.e. _____ (changed Name) after following the legal procedure for the change of name.

3. I hereby declare that information given in the application form is true and I understand that my application is liable to be rejected summarily or the registration is liable to be cancelled forthwith U/s 36 of the Pharmacy Act, 1948 if the above information is proved to be false in any particular, at any stage.

Signature of Applicant

:

Date

:

Place

:

Signature of Applicant

:

Date

:

Place

:

**AFFIDAVIT FOR
CHANGE OF NAME IN REGISTRATION CERTIFICATE**

To be submitted on a Non-Judicial Stamp Paper of Rs.10/- duly attested by the
1st Class Magistrate/Notary Public.

AFFIDAVIT

I.....S/o/D/o.....resident of.....Aged

.....do hereby solemnly affirm and declare as under:

1. That I am a permanent resident of

(Mentioned address) for the last.....years.

2. That my Date of Birth as per matriculation certificate is.....

3. That I am a Citizen of India.

4. That I have passed my Matriculation from.....(Name of School)

Affiliated with.....(Name of Board) Under Roll No.....in the year.....

5. That I have passed my 10+2/Sen. Secondary from.....(Name of Sc

hool) Affiliated with.....(Name of Board) Under Roll

No.....in the year.....with

.....Stream (Medical/Non Medical).

6. That I have passed my

_____(Diploma/Degree/Pharm.D) from.....(Name of Institute) Affiliated with_____

_____(Name of University/Board) Under_____ (Reg/Permanent Roll No) in the year.....

7. That I have not worked anywhere at the time of Undergoing the Pharmacy course(s).

8. That I will serve my business in Haryana State only.

9. That I am already registered with Haryana State Pharmacy Council vide

Regn.No._____ dated_____ with the name

_____(Previously mentioned name in the Regn. Certificate).

10. That now I want to replace my previously registered name with _____(revisedname).

11. ThatIhavechangedmynameafterfollowingallthelegalrequirementsnecessaryforthechangeofname inIndia.

12. ThatIshallabidebytherules®ulationsofHaryanaStatePharmacyCouncilconstitutedunderPharm acyAct,1948.

13. ThatnocaseispendingagainstmeeunderDrugs&CosmeticsAct,1940andrulesin1945aswellaspharm acyact1948andtherulesmadeunderStatePharmacyRules1951

14. ThatIhavebeenneverbeenconvictedunderPharmacyAct1948,andtherulesmadeunderstatepharm acyrules1951.

15. ThatIwill servemybusinessInHaryanaStateonly.

16. Thata FeeofRs..... withBank

Challanno..... dated hasbeendepositedin

_____(
NameofBankwithAddress).

17. Thatallthedocumentssubmittedbymearetrue&genuine&ifanydocumentssubmittedbymeareprove dtobefalseatanystage,Ishallbeheldresponsible&myregistrationmaybecancelledatanytime&I maybeprosecutedasperLaw.

DEPONENT

Verification:

Verifiedthattheabovestatementofmineistrue&correcttothebestofmyknowledge¬hinghasbeencon cealedtherein.

DEPONENT

DATED:

PLACE

I know the deponent personally and he has signed in my presence.