

HARYANA STATE PHARMACY COUNCIL, PANCHKULA

DOCUMENT REQUIRED FOR RESIDENTIAL ADDRESS CHANGE IN REGISTRATION

CERTIFICATE

- A. File Cover of Card Board with tag.
- B. Prescribed Fee Rs. 1,000/- deposited in any of the Punjab National Bank Branches through challan generated online at the time of Residential Address Change (www.hspc.in) or online payment or DD in favour of Registrar, Haryana State Pharmacy Council, Panchkula drawn on any Nationalized Bank of India.
- C. **Attach four** latest & identical passport size photos with **White Background** of which **1** be duly attested and attach one ticket size photograph (not attested).
- D. Original Affidavit on non-judicial stamp paper of Rs. 10/- duly attested by Notary Public **OR** 1st Class Magistrate (downloaded from www.hspc.in).
- E. Original Registration Certificate issued by Haryana State Pharmacy Council.
- F. Print out of Filled Online Application Form.
- G. Self Attested Copy of Ration card (first & its back page) showing name and address of applicant OR any other valid residence proof in Haryana (i.e. Voter Identity Card, Haryana Residence Certificate)
- J. Aadhar card is mandatory for Aadhar Link by Haryana Govt. only
- K. Self – addressed large size water-proof envelope (12cmX26cm) in size or more with duly stamp of Rs. 40/-.

NOTE: Original Fee Deposit Receipt DD / Challan and Original Affidavit only shall be posted to Registrar HSPC office for Residential Address Change.



HARYANA STATE PHARMACY COUNCIL

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

An ISO 9001:2008 Certified

Application Form For Address Change in Registration Certificate

Affix latest

self attested
photograph

INSTRUCTIONS

1. All particulars must be filled by the applicant in neat & legible handwriting.
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 re-register in the Haryana State Pharmacy Council.

Registration No. _____	Valid upto 31-12-20 _____
Date of Registration _____	

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: _____
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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				
Pharm. D				
Pharm. D (Post Baccalaureate)				

10. Employment details (if applicable)

Employer	Name	Address	Period	
			From	To
Present				
Previous				

11. Details of renewal registration fees

Amount deposited	Date of deposition	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 residing in the state of Haryana or carrying out the business of pharmacy or serving the profession of pharmacy in the state of Haryana. Hence this application is made for residential address change in Registration Certificate of Haryana State Pharmacy Council.
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 : _____

AFFIDAVIT FOR ADDRESS CHANGE IN REGISTRATION CERTIFICATION

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/oresident of..... Aged
.....do hereby solemnly affirms and declare as under:

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

No_____, Dated _____

That I have not applied for Migration/Transfer of my Registration to any other State Council in India and abroad so far.

1. That I am a permanent resident of _____

(Mentioned address) for the last.....years. I have submitted my Ration card / Voter Card as a Residence proof of above mentioned Address.

Note: If Voter Card is submitted, it must be certified by the Election officer or M C of the area.

2. That I have submitted Aadhar Card which is mandatory for Aadhar Link by the Haryana Govt. Only.

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

4. That I am a Citizen of India.

5. That I have passed my Matriculation from.....(Name of School) Affiliated with _____(Name of Board) Under Roll No_____ in the year.....

6. That I have passed my 10+2/ Sen. Secondary from.....(Name of School) Affiliated with _____(Name of Board) Under Roll No_____ in the year..... with _____ Stream(Medical / Non Medical).

7. That I have passed my _____(Diploma / Degree Pharmacy)
from.....(Name of Institute) Affiliated with
_____(Name of University / Board) Under _____(Reg /
Permanent Roll No) in the year.....

8. That I have attended the _____ Course as a regular candidate (D. Pharm /B.
Pharm / M.Pharm / Pharm D whichever is applicable).

9. That I have not worked anywhere at the time of Undergoing the Pharmacy course.

10. That I want to replace my previously registered address with
_____ (revised Address).

11. That I shall abide by the rules & regulations of Haryana State Pharmacy Council constituted
under Pharmacy Act, 1948 & I will wear White Apron during working hours.

12. That no case is pending against me under Drugs & Cosmetics Act, 1940 and rules in 1945 as
well as pharmacy act 1948 and the rules made under State Pharmacy Rules 1951

13. That I have never been convicted under Pharmacy Act 1948, and the rules made under state
pharmacy rules 1951.

14. That a Fee of Rs.with Bank Challan no.....
dated..... has been deposited
in _____ (Name
of Bank with Address).

15. That all the documents submitted by me are true & genuine & if any documents submitted by
me are proved to be false at any stage, I shall be held responsible & my registration may be
cancelled at any time & I may be prosecuted as per Law.

DEPONENT

Verification:

Verified that the above statement of mine is true & correct to the best of my knowledge &
nothing has been concealed there in.

DEPONENT

DATED:
PLACE

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