

Form of Application for Registration of Pharmacists

To
The Registrar,
T.S. Pharmacy Council,
Nampally, Hyderabad.

Latest Passport Size Colour Photo

Sir,

I am a registered pharmacist in Pharmacy Council with Registration No. / Dated..... valid up to 31/12/.....

I am presently practicing Pharmacy/Working in M/s..... as I request you to re-register my name by transfer to Telangana State Pharmacy Council.

I am submitting Original R.P.Certificate/Pass-Book, Id-Card etc issued by said Pharmacy Council.

I am also submitting the relevant documents and request to re-register me as pharmacist under the Pharmacy Act, 1948.

I agree that I will follow the rules of the T.S. Pharmacy Council which may be laid down for the guidance of the registered pharmacists from time to time.

Date: / /

yours faithfully,

(Signature of applicant)
Address:

Encl: as per **checklist**

FOR OFFICE USE ONLY		
Receipt No: Date: Amount:	Correspondence to other State Councils 1.Sent Ref No: Date:	TSPC Regn. No. Date:
Ref No:	2. Reply Ref No: Date:	Despatch: By Post/ Person RL/Sign: Date:

Specimen Signatures of the applicant (within boxes)

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Particulars for 'application for Re-Registration'

1. Name of applicant with Surname :
(as in Diploma/Degree Certificate in Block letters)
2. Father's Name :
3. Date of Birth :
4. Place of birth :
5. Nationality :
6. Permanent Residential address :
(as per proof of residence in Block letters)

7. i. year of passing S.S.C :
ii. year of passing Intermediate :

8. i. Education in Pharmacy :
ii. Year of passing :
iii. Period of course : from to
iv. College Name & Address :

v. Name of University :
9. Name of the Institution where
Practical training is undertaken :
(For diploma holders only) : from to
10. Mobile No. :
11. Email id. :
12. Details of employment
i. Designation :
ii. Institution Name :
iii. Address :

(Signature of applicant)

Paste here Rs.3
Court fee Stamps

Non-refundable deposit form

(To be submitted along with application for Registration of D Pharm/B Pharm/Pharm D)

To
The Registrar,
Telangana State Pharmacy Council,
3rd Floor, 21st Century Complex,
Nampally, Hyderabad.

Sub: Payment of Non-refundable deposit for future renewal of my registration.

Ref: My Application for registration submitted today.

I pay an amount of Rs.300/- (Rupees Three Hundred only) and request you to please treat this amount as Non-refundable deposit for Renewal fees in order to avoid difficulties arising out of my inadvertent failure to pay the renewal fees every (5) years, in time.

I further request you that necessary part of the Annual interest occurred on my deposit be adjusted towards my renewal fees every (5) years and remaining amount if any be utilized by the Council.

If due to some reason this amount becomes inadequate to cover my renewal fees, I shall be to glad to remit such additional amount as you may decide.

In the event of cancellation of my registration or abolishing of NRD scheme, this deposit may be accepted as my donation to the Council.

I assure you that I will inform you my residential or professional address if there is any change.

Thanking you sir.

Yours faithfully,

Signature & Date