



Maharashtra State Pharmacy Council

(Constituted Under Pharmacy Act 1948 of Govt Of India)



2500090255965

Application Form

Application ID - **445186**

Application Type - **New Registration**

Application Date - **20/05/2025**

Name - **Dr. DEEP GAJANAN SUNKAWAR**

Date Of Birth - **02/09/2000**

Gender - **Male**

Email ID - **sunkaward@gmail.com**

Mobile Nos - **8857965509**

Nationality - **INDIAN**

Old Name -

IsChangeOfName - **No**

Permanent Address

**AT-PO- MADNAPUR TQ- MAHUR, ,
MAHUR, NANDED, MAHARASHTRA,
431721**

Local Address

**12 LATARE LAYOUT NEAR SAI
MANDIR, , KELAPUR, YAVATMAL,
MAHARASHTRA, 445302**

Professional Address

, , , ,

Qualification Details

Sr.No.	Course	Institute	Date Of Passing
1	Pharm.D	GOVERNMENT COLLEGE OF PHARMACY (AS PER EC RESOLUTION OF PCI)	06/05/2025

Fee Details

Sr.No.	Particulars	Amount
1	Application Fee	25.00
2	Registration Fee	100.00
3	Postal and Incidental charges	100.00
4	Corpus Contribution (Donation under MSPC Rule, 82)	500.00
5	DIC Publications (Optional)	250.00
6	PPP charges	100.00
7	PPP Renewal	100.00
8	Advance Renewal Fees in Lumpsum (ARFL)	1500.00

Documents Uploaded

Sr.No.	Document Name
1	Undertaking for New Registration
2	Pharmacy College Leaving Certificate
3	SSC Passing Certificate
4	Pharm.D Final Year Certificate
5	Pharm.D Provisional / Convocation
6	Identity Slip (Attested by Principal of your College)
7	Address Proof
8	Identity Proof(Any One): PAN card, Aadhar card, Passport, Election Card
9	Other Document (Board Certificate/ Domicile / Birth/ Affidavit / Affidavit for Exit Exam) etc.

Payment Details

Reference Nos	Date	Amount
6423446475117	20-05-2025 14:36:32	3067.00

Declaration

I solemnly affirm that the information furnished above is true and correct in all respects. I have not concealed any information. I am aware that if any information furnished herein by me is found to be incorrect or untrue at any stage, my application for registration as pharmacist is liable to be cancelled at any stage. In such a situation, I shall forgo my claim to the registration at the Maharashtra State Pharmacy Council and I shall be liable to action under law. I agree to always abide by the rules and regulations of the Maharashtra State Pharmacy Council. I am aware Registrar, Maharashtra State Pharmacy Council can ask for additional documents and/or call in person at any stage of processing of application for registration and/or carry out necessary verification from concerned authorities as per nature of case.

Signature
Dr. DEEP GAJANAN
SUNKAWAR

Instructions

Please keep the printout of the application form for your future reference.