



Telangana State Pharmacy Council

(CONSTITUTED u/s 19 OF THE PHARMACY ACT,1948)



Status of Pharm D Registration



Reference Id	417HBW122404	Transaction Id	JR4TV4RK3YH1
Registration No			
Name	SALMA MOIZUDDIN	Father Name	BABA MOIZUDDIN
Date Of Birth	26-Nov-1997	Gender	FeMale
Birth Place	HANAMKONDA	Blood Group	A+
Nationality	INDIAN	Date Of Application	12-Apr-2024
Category	Pharm D	Purpose	Registration
Email	bmoizuddin@yahoo.com	Mobile	8008679849
Slot booked date	18-Apr-2024	Time Slot	2PM-3PM

ACADEMIC INFORMATION

Hall Ticket	18122D1029	Category	Pharm D
Coll Name	PIPH	Board/University	KU
Academic From	Aug-2017	Academic To	Mar-2024

PHARMACIST ADDRESS

Residential Address	3-1-413/1, BACKSIDE OF BRAINY STAR SCHOOL, NEW RAIPURA, HANAMKONDA	Present Address	3-1-413/1, BACKSIDE OF BRAINY STAR SCHOOL, NEW RAIPURA, HANAMKONDA
Present Work/Studying Address	not working and not studying		

FOR OFFICE USE

1. Attendance and Online Fee payment Verification	Candidate Attended / Not Attended Fee paid is Adequate / Inadequate	Verified by
2. College approval by PCI from	From : To :	Verified by
3. All Original Certificates	Produced / Not Produced	Verified by
4. University Verification Module (of Candidate)	Found Genuine / Not Genuine Reference No : Date :	Verified by

Jr. Assistant

Registrar



Form G
(See Rule 77)
Form of Application for Registration of Pharmacists

To
The Registrar,
Telangana State Pharmacy Council,
Vengalrao Nagar, Hyderabad.

**AFFIX PASSPORT
SIZE PHOTOGRAPH
WITH WHITE
BACKGROUND**

Sir,

I request that my name be registered as a pharmacist under the Pharmacy Act, 1948 and that I may be furnished with a certificate of registration.

Necessary particulars are given on the online application.

I enclose herewith for your perusal and return the certificates in original and their copies for record in your office.

I hereby declare that I have read carefully and understood the instructions on the website and that all entries on the online application are true to the best of my knowledge and belief.

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

Date:

Yours faithfully,

(Signatures of Applicant)

Address:

Enclosed Checklist for Pharm.D

1. SSC Original + 1 Xerox copy
2. Intermediate Certificate Original + 1 Xerox Copy
3. D.Pharmacy Certificate (if studied) issued by Board, I, II year Marks Lists Originals + 1 Xerox Copy.
4. B.Pharmacy Degree or Convocation Certificate, Four years consolidated marks list & Course Study or Bonafide Certificate & Transfer Certificate (if studied) Originals + 1 Xerox Copy
5. Pharm D Convocation Certificate, Provisional Certificate, Consolidate Marks List, Internship Certificate, ID card and Course Study or Bonafide Certificate Transfer Certificate Originals + 1 Xerox Copy.
6. If Employed in any field (Drug License/College/Industry ID etc) + 1 Xerox Copy
7. Registered Pharmacist Certificate & Passbook (if already registered) + Originals + 1 Xerox Copy.
8. Residential proof of any one (Election ID/ Aadhar Card/Bank Account of Nationalized Bank/ Passport/Driving License): Original + 1 Xerox copy.
9. Online Confirmation of JNTU Hyderabad report should be in the name of The Registrar, Telangana State Pharmacy Council, Vengalrao Nagar, Hyderabad + 1 Colour Copy.
10. Demand Draft (DD) or Challan Form of respective University (if applicable).
11. Recent Passport Size Photograph not less than 2 weeks with White Background (Without Mask & Scarf).
12. 1 Big Size Cover 14"x 10" affixed with Rs.40/- Postal Stamps. (Self-addressed as in Residential Proof).
13. 1 Small Size envelope affixed with Rs.40/- Postal Stamp

(Signature of Applicant)

(Office Use Only)

All Original Certificates Verified (.....)



Non-refundable deposit form

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

To
The Registrar,
Telangana State Pharmacy Council,
Vengalrao Nagar, 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

TELANGANA STATE PHARMACY COUNCIL

ACKNOWLEDGEMENT

Reference Id

417HBW122404

Transaction Id

JR4TV4RK3YH1

Name

SALMA MOIZUDDIN

Father Name

BABA MOIZUDDIN

Category

PharmD

Purpose

REG



Signature

stamp

