

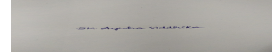


# Telangana State Pharmacy Council

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



## Status of BPharmacy Registration



<b>Reference Id</b>	945DM3242404	<b>Transaction Id</b>	SLT4ZEFALXVM
<b>Name</b>	SHAIK AYESHA SIDDHIKA	<b>Father Name</b>	SHAIK SABEER PASHA
<b>Date Of Birth</b>	24-Feb-2002	<b>Gender</b>	FeMale
<b>Birth Place</b>	Kothagudem	<b>Blood Group</b>	A+
<b>Nationality</b>	INDIAN	<b>Date Of Application</b>	24-Apr-2024
<b>Category</b>	B Pharmacy	<b>Purpose</b>	Registration
<b>Email</b>	ashuayesha228@gmail.com	<b>Mobile</b>	9398488430
<b>Slot booked date</b>	24-Jun-2024	<b>Time Slot</b>	11AM-1PM

### ACADEMIC INFORMATION

<b>Hall Ticket</b>	335206071	<b>Category</b>	B Pharmacy
<b>Coll Name</b>	KLRPK	<b>Board/University</b>	KU
<b>Academic From</b>	Jun-2019	<b>Academic To</b>	Aug-2023

### PHARMACIST ADDRESS

<b>Residential Address</b>	H NO:-7-8-45/1	<b>Present Address</b>	H NO:-7-8-45/1
<b>Present Work/Studying Address</b>	<b>not working and not studying</b>		

### FOR OFFICE USE

<b>1. Attendance and Online Fee payment Verification</b>	Candidate Attended / Not Attended Fee paid is Adequate / Inadequate	Verified by
<b>2. College approval by PCI from</b>	From : To :	Verified by
<b>3. All Original Certificates</b>	Produced / Not Produced	Verified by
<b>4. University Verification Module (of Candidate)</b>	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 B.Pharmacy**

1. SSC Original + 1 Xerox copy
2. Intermediate Certificate Original + 1 Xerox Copy
3. B.Pharmacy Original Certificate issued by University (Provisional and OD) Original + 1 Xerox Copy
4. Study or Bonafide & Transfer Certificate : Original + 1 Xerox Copy
5. Residential proof of any one (Election ID/ Aadhar Card/Bank Account of Nationalized Bank /Passport/Driving License): Original + 1 Xerox copy.
6. Online Confirmation of JNTU Hyderabad report should be in the name of The Registrar, Telangana State Pharmacy Council, Vengalrao Nagar, Hyderabad + 1 Colour Copy.
7. Demand Draft (DD) or Challan Form of respective University (if applicable).
8. Recent Passport Size Photograph not less than 2 weeks with White Background (Without Mask & Scarf).
9. 1 Big Size Cover 14"x 10" affixed with Rs.40/- Postal Stamps. (Self-addressed as in Residential Proof).
10. 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

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<b>Name</b>	SHAIK AYESHA SIDDHIKA	<b>Father Name</b>	SHAIK SABEER PASHA
<b>Category</b>	BPharm	<b>Purpose</b>	REG



**Signature**

stamp

