



Maharashtra State Pharmacy Council

(Constituted Under Pharmacy Act 1948 of Govt Of India)



Amar

21010621393754

Application Form

Application ID - **172903**

Application Type - **New Registration**

Application Date - **22/12/2021**

Name - **AMAR SUNIL YESANKAR**

Date Of Birth - **21/06/2001**

Gender - **Male**

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

Mobile Nos - **7666151691**

Nationality - **INDIAN**

Old Name -

IsChangeOfName - **No**

Permanent Address

**WARD NO 02 AT POST WALNI TAH
NAGPUR RURAL, , NAGPUR,
NAGPUR, MAHARASHTRA, 441501**

Local Address

**WARD NO 02 AT POST WALNI TAH
NAGPUR RURAL, , NAGPUR,
NAGPUR, MAHARASHTRA, 441501**

Professional Address

**WARD NO 02 AT POST WALNI TAH
NAGPUR RURAL, , NAGPUR, NAGPUR,
MAHARASHTRA, 441501**

Qualification Details

Sr.No.	Course	Institute	Date Of Passing
1	D.Pharm	SMT. KISHORITAI BHOYAR COLLEGE OF PHARMACY (PCI CC 112TH MEETING 10 JUNE2021)	31/08/2021

Fee Details

Sr.No.	Particulars	Amount
1	Application Fee	25.00
2	Registration Fee	100.00
3	Postal and Incidental charges	100.00
4	Service Charges	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	First Year Diploma Marksheet
3	Final Year Diploma Marksheet
4	Diploma 3 months Practical Training Form
5	Pharmacy College Leaving Certificate
6	SSC Passing Certificate
7	Identity Slip (Attested by Principal of your College)
8	Address Proof
9	Identity Proof(Any One): PAN card, Aadhar card, Passport, Election Card
10	Other Document (Board Certificate/ Domicile / Birth/ Affidavit) etc.

Payment Details

Reference Nos	Date	Amount
DUI2702922	22-12-2021 00:00:00	2675.00

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

AMAR SUNIL YESANKAR

Instructions

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