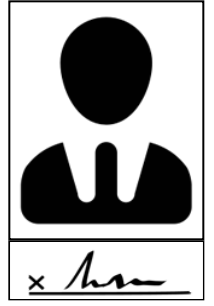




Maharashtra State Pharmacy Council

(Constituted Under Pharmacy Act 1948 of Govt Of India)



Application Form

Application ID -

Application Type -

Application Date -

Name -

Date Of Birth -

Gender -

Email ID -

Mobile Nos -

Nationality - **INDIAN**

Old Name -

IsChangeOfName -

Permanent Address

Local Address

Professional Address

Qualification Details #

Fee Details #

Documents Uploaded #

Payment Details #

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

Instructions #

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