

App. Form Fee Rs.– 50/-

**M.P. STATE PHARMACY COUNCIL BHOPAL**

FORM IX  
(See Rule 104)

**RULE 104 OF THE M.P. PHARMACY RULES 1978**

Form of application for Registration as a Pharmacist

(Under Section 31/32 of the Pharmacy Act 1948)

To,

**The Registrar,  
State Pharmacy Council Madhya Pradesh,  
J.P. Hospital Campus Bhopal Pin- 462 003 .**

Sir,

1. I request that my name may be registered under the Pharmacy Act, 1948 and I may be furnished with a certificate of registration .
2. The information necessary for registration is specified below .
3. The amount of Rs. .... (Rupees ..... by Cash/Bank Draft No .....Date ..... only ) to cover the registration fee, ..... dated ...../...../..... in the name of the Registrar, M.P. Pharmacy Council Bhopal.
4. The diploma or Degree certificates which I possess are enclosed herewith in original together with a true copy of each. The original may please be returned when done with .
5. In the event of my registration and in consideration thereof, I promise to be bound by the rules of registration already framed or to be framed hereafter from time to time by the Pharmacy Council of Madhya Pradesh .
6. I Undertake to Surrender my registration Certificate on demand or on removal of my name from the register, or death on failing to get my registration certified renewed .

**Your's Faithfully,**

(Signature specimen)

(Signature)

Date.....

**(For office use only)**

Received registration fee amount Rs. .... by Receipt No. ....& Receipt  
Book no. .... on Date ...../...../..... .

**Accountant**

**PARTICULARS AND INFORMATION TO BE FURNISHED BY THE APPLICANT  
(To be filled by the applicant himself) in capital letters**

1. Applicant's name in full .....
2. Place, date, month and year of birth .....
3. Father's name (in full) .....
4. Full Postal residential address .....
- .....
5. Full Postal Professional address .....
6. Nationality .....
7. Domicile : If the Indian Domicile has been acquired .....  
recently state when and where it was acquired .
8. Description of Qualification which is required for registration.

Qual. with the years in which acquired (1)	Name of examining body which awarded (2)	College/School Hospital or concern where trained (3)	Training	
			Commenced on date (4)	ended on date (5)

9. Requirement for Registration :-(All document attested)
  - (1) 3 Photo Stamp Size
  - (2) Court Fees Ticket Rs. 5
  - (3) Diploma/Degree Marksheet (Complete Years).
  - (4) Xth & Xiith Marksheet.
  - (5) Domicile Certificate.
  - (6) Training Certificate.
  - (7) Details of the Trainee Institution (Photo copy of Regn. & licence).....
10. (a) Date from which practising Madhya Pradesh .....
- (b) Whether employed in or attached to Government .....  
of State aided institution if so State its name, .....  
address and the date from which employed . .....
11. Basic educational qualifications before joining the .....  
training of Pharmacy.



.....  
(Signature of the applicant)