

Registration Form under section 32c of  
Pharmacy Act, 1948

# 1st step for Online Registration for Re-registration/Validation under 32 C of Pharmacy Act, 1948



## **JAMMU AND KASHMIR PHARMACY COUNCIL**

**Consituted in terms of Section (19) of Pharmacy Act 1948**

Registration Form under Section 32C of the Pharmacy Act 1948

### Registration Login


Existing User

Username :


Password :

Registration

# 2<sup>nd</sup> step for Online Registration under 32 C of Pharmacy Act, 1948

		
<b>JAMMU AND KASHMIR PHARMACY COUNCIL</b> Consituted in terms of Section (19) of Pharmacy Act 1948		
<b>Registration Form under Section 32C of the Pharmacy Act 1948</b>		
<b>APPLICANT DETAILS</b>		
<b>Name of the Applicant:</b> <input type="text"/>	<b>Mobile No.</b> <input type="text"/>	<b>Email/ Username:</b> <input type="text"/>
<b>Aadhar Card No:</b> <input type="text"/>	<b>Registration Certificate No.:</b> <input type="text"/>	<b>Registration Date:</b> dd-----yyyy <input type="text"/>
<b>Registration Valid Upto:</b> dd-----yyyy <input type="text"/>	<b>Registration Certificate :</b> <input type="button" value="Choose File"/> No file chosen	<b>Category</b> <input type="button" value="Please Select"/>
<b>District</b> <input type="button" value="Please Select"/>	<b>Choose Password:</b> <input type="text"/>	<b>Certificate Acquired on the Basis of</b> <input type="button" value="Please Select"/>
<input type="button" value="Submit"/>		

# 3<sup>rd</sup> step for Online Registration under 32 C of Pharmacy Act, 1948

**JAMMU AND KASHMIR PHARMACY COUNCIL**  
Constituted in terms of Section (19) of Pharmacy Act 1948

**Registration Form under Section 32C of the Pharmacy Act 1948**

[Instructions to fill the Form](#)

[Basic Details >>](#) [Academic Details >>](#) [Uploads >>](#) [Preview & Pay Fee](#) [Logout](#)

**Application form for:**  
Registration Under Section 32 C

**APPLICANT DETAILS**

**Name of the Applicant:**  
[Redacted]

**Gender:** ☒ Male ☐ Female

**Father/Husband's Name**  
Krishan Choudhary

**Mother's Name**  
[Redacted]

**Nationality**  
Indian

**Date of Birth** 1992-09-23

**Mobile No.** [Redacted]

**Alternate Mobile No.** 8082171813

**Telephone No** 01912453169

**Email:**  
avinash@saytechnologies.in

**Aadhar Card No:**  
AAD123

**Mark of Identification** Mole on Forehead

**Permanent Address**  
[Redacted]

**Correspondence Address**  
☐ My Correspondence Address is same as Permanent Address  
[Redacted]

**District**  
Jammu

**District**  
Jammu

**Pin Code**  
180003

**Pin Code**  
180003

**Address of Hospital/Dispensary/Other place in which Employee at present**  
Gandhi Nagar, Jammu

**Name of Employer:**  
Say Technologies.in

**Are You a License Holder ?**  
No

**Account no. :**  
[Redacted]

**Nature of Account?**  
Savings

**Caste :**  
☐ SC ☐ ST ☐ OBC ☐ RBA ☒ General ☐ Others

**Religion:**  
☒ Hinduism ☐ Muslim ☐ Sikhism ☐ Christianity ☐ Jainism ☐ Buddhism ☐ Others

Next

# 4th step for Online Registration under 32 C of Pharmacy Act, 1948



## **JAMMU AND KASHMIR PHARMACY COUNCIL**

Consituted in terms of Section (19) of Pharmacy Act 1948

### Registration Form under Section 32C of the Pharmacy Act 1948

[Basic Details >>](#)[Academic Details >>](#)[Uploads >>](#)[Preview & Pay Fee](#)

#### Academic Details


Examination Passed	Board	Year of Passing	Roll No.	Marks Obtained	Total Marks	Percentage of Marks Obtained
10th *	JKBOSE	2008	2452	356	500	71.20
12th *	JKBOSE	2010	2452	456	650	70.15

#### Professional Details

Examination Passed	University/College/Institution	Year of Passing	Serial No.	Roll No.	Marks Obtained	Total Marks	Percentage of Marks Obtained
Medical Assistant *	JU	2013	jk0211	123456	999	1650	60.55

[Next](#)

# 5<sup>th</sup> step for Online Registration under 32 C of the Pharmacy Act, 1948

**JAMMU AND KASHMIR PHARMACY COUNCIL**  
Constituted in terms of Section (19) of Pharmacy Act 1948

Registration Form under Section 32C of the Pharmacy Act 1948


[Basic Details >>](#) [Academic Details >>](#) [Uploads >>](#) [Preview & Pay Fee](#) [Logout](#)

Note : Files / Documents has to be in JPG Format and size should not exceed 200 KB

Upload Documents


Instruction for Uploading of Photograph :-  
1. Size of photograph Should Not Exceed 50kb.  
2. Photograph should have white background.

**Photograph**




[Choose File](#) | No file chosen

**Signature**



[Choose File](#) | No file chosen


**Proof of Residence**



[Choose File](#) | No file chosen

**Accepted Proof of Residence**  
1. Aadhar Card  
2. Passport  
3. Electricity Bill  
4. Driving Licence


**Proof of Identity**



[Choose File](#) | No file chosen

**Accepted Proof of Identity**  
1. Aadhar Card  
2. Passport  
3. Pan Card  
4. Driving Licence


**Character Certificate (Concerned SHO/Sarpanch/Corporator/1st Class Magistrate)**



[Choose File](#) | No file chosen

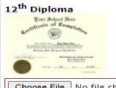
Academic Details Documents

**Matriculation Certificate**




[Choose File](#) | No file chosen

**12<sup>th</sup> Diploma**



[Choose File](#) | No file chosen

**Medical Assistant**




[Choose File](#) | No file chosen

(1. Please Upload Provisional Degree/Diploma in case Degree/Diploma is not Available  
2. In case Provisional Degree/Diploma is also not available, then upload final year marksheet)

Submit

# 6<sup>th</sup> step for Online Registration under 32 C

**JAMMU AND KASHMIR PHARMACY COUNCIL**  
Constituted in terms of Section (19) of Pharmacy Act 1948

Registration Form under Section 32C of the Pharmacy Act 1948

[Basic Details >>>](#) [Academic Details >>>](#) [Uploads >>>](#) [Previous & Fee Fee](#) [Logout](#)

Please Use "Basic Details", "Academic Details" and "Uploads" tabs to make any changes in the Application Form

Serial No

PHARS00005

Application Form for

Registration Under Section 32 C

Category

+

Registration no.

JKPC/0001

Registration Date

2019-12-02

Expiry Date

2020-12-02

Applicant Name:

Gender

Male

Father's Name :

Mother's Name :

Caste

General

Nationality

Indian

Religion :

Hinduism

Date of Birth

23 Sep 1992

Correspondence Address

Pincode

180003

Permanent Address

Pincode

180003

Name of the Employer

Soy Technologies.in

Address of Hospital/Dispensary/Other Place in which Employee at present

Gandhi Nagar, Jammu

Mobile /Telephone No .

Alternate Mobile No.

Audhaar Card No.

AAD123

Email

Certificate Qualification:

Medical Assistant

Account No:

309402010701213

Nature of Account:

Savings

  
photograph

Academic Details

Examination Passed	Board	Year of Passing	Roll No.	Marks Obtained	Total Marks	Percentage of Marks Obtained
19th	JKBOSE	2008	2452	156	500	71.21
12th	JKBOSE	2010	2452	456	600	76.01

Professional Details

Examination Passed	University/College/Institution	Year of Passing	Serial No.	Roll No.	Marks Obtained	Total Marks	Percentage of Marks Obtained
Medical Assistant	BU	2013	00211	123456	299	1600	60.51

Undertaking

I hereby undertake and declare as under

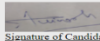
1. ☐ That all the Uploaded Documents are genuine and authentic.

2. ☐ That I am fully aware that in the event of any of my document found invalid, fake or false as also for any concealment or misrepresentation of facts stated herein, the J&K Pharmacy Council has the power to delete/reject my candidature as Registered Pharmacist without any formal notice or information.

3. ☐ That I shall comply with all the Rules and Regulations which the J&K Pharmacy Council or Central Council imposes for regulating the practice and profession of Pharmacy in the Country.

4. ☐ That I shall be liable to Pay any verification fee prescribed by the concerned evaluation authority for verification of my Credentials.

Dated 2020-12-12

  
Signature of Candidate

Final Submit

# 7<sup>th</sup> step for Online Registration under 32 C



## **JAMMU AND KASHMIR PHARMACY COUNCIL**

**Constituted in terms of Section (19) of Pharmacy Act 1948**

**"Form 8"**  
**(Under Section 32c of the Pharmacy Act, 1948)**  
**Rule-56**

To

The Registrar/President, Jammu and Kashmir Pharmacy Council

Sir,

1. I Request that my name may be registered as a Pharmacist under the Pharmacy Act, 1948 and that I may be furnished with the Certificate of Registration
2. Necessary Particulars are given on the reverse of this Application.
3. I enclose herewith for your persual and return the certificates in original and their copies for record in your office
4. I hereby declare that I have read carefully and understood the instructions and particulars supplied to me and that all entries on the reverse of this application are true to the best of my knowledge and beliefs
5. I agree that I will follow the rules of the J&K Pharmacy Council which may be laid down for the guidance of the Registered Pharmacist from time to time

Yours Faithfully

Dated 2020-12-12

A handwritten signature in blue ink, appearing to read 'Avinash Choudhary', is written over a rectangular stamp area.

Name : Avinash Choudhary  
S/O : Krishan Choudhary  
Address : 442 Nai Basti Jammu

### **Instructions**

1. Any type of Fee once deposited will not be refunded irrespective of the registration status.

[Click to take Your Print out](#)



# 8<sup>th</sup> step for Online Registration under 32 C



## **JAMMU AND KASHMIR PHARMACY COUNCIL**

**Consituted in terms of Section (19) of Pharmacy Act 1948**

### **Registration Form under Section 32C of the Pharmacy Act 1948**

[Instructions to fill the Form](#)

[Reprint Form](#)

[Form 8](#)

[Logout](#)

**Please Wait Your Form Status will be updated Soon.**

**Your Form is approved.**

**Your Refrence No. is PHAR000005**

[Pay Fees](#)

**Remarks.**