

# 1st Step for Online Registration for Fresh Applicants only (Diploma in Pharmacy/Bachelor in Pharmacy/Pharm. D course)



## **JAMMU AND KASHMIR PHARMACY COUNCIL**

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

[Application form for Registration in JK Pharmacy Council](#)

**Registration Login**

**Existing User**

Username :

Password :

**New Application**

Submit

Cancel

# 2<sup>nd</sup> step for Online Registration for Fresh Applicants



## **JAMMU AND KASHMIR PHARMACY COUNCIL**

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

### Registration Form

Name :

Mobile No. :

Email :

Aadhaar Card no.:

Education Qualification :

Do You Belong to UT of J & K :

Did You Complete your Qualification from UT of J & K :

Is Your institution Approved by PCI:

Password :

Confirm Password :

**Submit**

Activate Windows  
Go to Settings to activate Windows

# 3<sup>rd</sup> step for Online Registration for Fresh Applicants



## JAMMU AND KASHMIR PHARMACY COUNCIL

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### Application Form for Registration in JK Pharmacy Council.

[Instructions to fill the Form](#)

Basic Details >>

Academic Details >>

Uploads >>

Preview & Pay Fee

Logout

Application form for:

New Registration

Qualification:

Diploma in Pharmacy

#### 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

1996-01-01

Mobile No.

[Redacted]

Alternate Mobile No.

[Redacted]

Telephone No

[Redacted]

Email:

[Redacted]

Aadhar Card No:

AAD321

Permanent Address

[Redacted]

☐ My Correspondence Address is same as Permanent Address

Correspondence Address

[Redacted]

District

Jammu

District

Jammu

Pin Code

180003

Pin Code

180003

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

None

Name of Employer:

None

Are You a License Holder ?

Yes

Caste :

☐ SC ☐ ST ☐ OBC ☐ RBA ☒ General ☐ Others

Religion:

☒ Hinduism ☐ Muslim ☐ Sikhism ☐ Christianity ☐ Jainism ☐ Buddhism ☐ Others

Next

# 4<sup>th</sup> step for Online Registration for Fresh Applicants



## JAMMU AND KASHMIR PHARMACY COUNCIL

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### Application Form for Registration in JK Pharmacy Council

[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	2000	1922	356	500	71.20
12th *	JKBOSE	2018	222	356	500	71.20

#### Professional Details

Examination Passed	Name of the Institution	Examining Body/University	Evaluation Authority	Email Address	University Pincode	Year of Passing	Serial No.	Roll No.	Marks Obtained	Total Marks	Percentage of Marks Obtained
Diploma in Pharmacy *	Say Technologies	JU	Deputy Controller of Examination ▼	avinas@sayte	180003	2013	jk0211	2222	999	1650	60.54

[Next](#)

# 5<sup>th</sup> step for Online Registration for Fresh Applicants



**JAMMU AND KASHMIR PHARMACY COUNCIL**  
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Application Form for Registration in JK Pharmacy Council

Basic Details >>

Academic Details >>

Uploads >>

Preview & Pay Fee

Logout

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

Serial No

Application Form for

Qualification

Applicant Name:

Gender

Father/Husband's Name :

Mother's Name :

Caste

Nationality

Religion :

Date of Birth

Correspondence Address

Pincode

Permanent Address

Pincode

Name of the Employer

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

Mobile /Telephone No.

Alternate Mobile No.

Aadhaar Card No.

Email

PHAB000001

New Registration

Diploma in Pharmacy

Male

General

Indian

Hinduism

01-Jan-1996

None

None

AAD321

photograph

Academic Details

Examination Passed	Board	Year of Passing	Roll No.	Marks Obtained	Total Marks	Percentage of Marks Obtained
10th	JKBOSE	2000	1922	156	500	71.21
12th	JKBOSE	2018	222	256	500	71.21

Professional Details

Examination Passed	Name of the Institution	Examinining Body/University	Evaluation Authority	Email Address	University Pincode
Diploma in Pharmacy	Say Technologies	JM	Deputy Controller of Examination	awmas@yaey	180003

Year of Passing	Serial No.	Roll No.	Marks Obtained	Total Marks	Percentage of Marks Obtained
2013	JK0211	2222	999	1650	60.52

Undertaking

I hereby undertake and declare as under

☐ That all the Uploaded Documents are genuine and authentic.

☐ 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.

☐ 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.


☐ 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

Final Submit

Signature of Candidate

# 6<sup>th</sup> step for Online Registration for Fresh Applicants

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

Application Form for Registration in JK Pharmacy Council


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


**Proof of Residence**



[Choose File](#) [No file chosen](#)


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

**Licence**




[Choose File](#) [No file chosen](#)

**Signature**



[Choose File](#) [No file chosen](#)

**Proof of Identity**




[Choose File](#) [No file chosen](#)

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


**Academic Details Documents**

**10<sup>th</sup> Diploma**



[Choose File](#) [No file chosen](#)


**Diploma in Pharmacy**



[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)

**Bonafide Certificate from Concerned Institution**




[Choose File](#) [No file chosen](#)

**Upload copy/snapshot of PCI Approval**




[Choose File](#) [No file chosen](#)

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



[Choose File](#) [No file chosen](#)


**Practical Training Certificate**



[Choose File](#) [No file chosen](#)

Submit

# 7<sup>th</sup> step for Online Registration for fresh Applicants

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

"Form 5"  
(Under Section 32 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 perusal 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  
Name : Ajaash Choudhary  
S.O : Krishan Choudhary  
Address : 442 Nai Basti Jammu

Dated 2020-12-12

**Instructions**

1. All Particulars for the Application must be filled in the next legible hand

2. The names and particulars entered in this Application must exactly correspond with the name and particulars of the Applicant entered in the University or Other Examination

3. Registration fee of Rs. 3000/- in case of Fresh Registration and Rs. 1500/- in case of Migration of Registration/Non-Residents is to be deposited in the Bank through Online Mode. Registration Fee is not Refundable whether the application for Registration is Accepted or Rejected.

4. Under the Pharmacy Act, 1948 as it stands at Present only Persons who have passed Matriculation, 10+2 and professional qualification of their equivalent examination are eligible for registration.

1) Name in Full Ajaash Choudhary

2) Father's Name [Redacted] ary

3) Place and Date of Birth [Redacted]

4) Nationality Indian

5) Address of Hospital, Dispensary or other place in which employed at present None

6) Permanent Residential Address [Redacted]

7) Year of Passing Matriculation or an Examination prescribed as being equivalent to Matriculation Examination 2000

8) Year of Passing 10+2 or an Examination prescribed as being equivalent to 10+2 Examination 2018

9) Description of Qualification as Pharmacist Diploma in Pharmacy

10) Name of the Examining Body JU

11) Name of the Institution under with training Undergone Say, Technologies

12) Year of Passing Examination 2013

Dated 2020-12-12

  
Signature

Click to take Your Print out

# 8<sup>th</sup> step for Online Registration for Fresh Applicants



## **JAMMU AND KASHMIR PHARMACY COUNCIL**

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**Application Form for Registration in JK Pharmacy Council.**

[Instructions to fill the Form](#)

[Reprint Form](#)

[Form 8](#)

[Logout](#)

**Your Form is approved.**

**Your Refrence No. is JKPC/00001**

[Pay Fees](#)