

(Kindly read and sign each page of undertaking and then scan and upload)



**Undertaking to be furnished to**

# **Maharashtra State Pharmacy Council**

To,  
The REGISTRAR,  
MAHARASHTRA STATE PHARMACY COUNCIL,  
Mulund (West), Mumbai – 400 080.

Dear Sir/Madam

I request that my NAME, ADDRESS AND QUALIFICATIONS as stated in the form may be registered under the Pharmacy Act, 1948, and that same may be furnished with a Certificate of Registration. **I affirm that presently I am neither registered with Maharashtra state Pharmacy Council (MSPC) nor any other state pharmacy councils in India and have not been granted registration number and/or registration certificate as Registered Pharmacist by MSPC or any other state pharmacy council in India.**

I am aware that this application made by me is **not for purpose of additional qualification or renewal or reentry of registration** but solely for new registration.

### **Applicable for D pharm applicants**

**I am fully aware that in case of my D pharm admission falling in the year 2022, then as per Exit examination notification published by PCI, for registration as a pharmacist, it is mandatory for me to qualify the exit exam as per the norms and upload requisite documents accordingly from my end in MSPC online portal. I will not be granted registration unless I comply same. I assure that will not inadvertently apply for registration without the successful passing of exit exam and if I fail to do so, I shall be wholly responsible for same and due to this misrepresentation from my side, if my registration is granted by MSPC, I am fully aware same will be liable to be cancelled under provisions of section 36 of the Pharmacy Act 1948**

I am uploading here with all requisite documents in **original** for registering my name in the Register of Pharmacists maintained by MSPC and solemnly affirm that they are true and genuine and not fake or bogus or forged or fabricated or tampered and belong to me only .I am also uploading this undertaking without any editing and totally complying with format by MSPC and identity slip attested by respected Principal of my Pharmacy college from where I completed my registerable qualification that is Diploma in Pharmacy /Degree in Pharmacy /Pharm D(as applicable) .I undertake that if it is found in future or at any stage during registration that if said academic documents supporting my qualification ,identity proof ,residence proof , identity slip, undertaking (any of them or all) are fake or bogus or forged or does not belong to me or any such act by me violating any Act, Rules, and regulation, I shall be liable for action under appropriate statutory/penal provisions. I am also aware that in such case my application or if registration is granted to

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me by MSPC will be liable to be cancelled. I am aware before granting registration to me my qualification will be confirmed via online mode from appropriate authority that is college from where I pursued and completed my registerable qualification. (Before Scrutiny by college, payment verification from Bank at MSPC office need to be confirmed) Thus presently I am not required to appear in person for verification of original document at MSPC office by taking appointment.

Though this change is adopted for convenience of applicants in general by MSPC because of which I am being exempted from producing my mark lists, diplomas/Degree certificates and other requisite documents in original in person to MSPC office, Registrar MSPC reserves the right to ask for same or ask me to appear in person along with same or refer to other appropriate authorities as per nature of case during or after any stage of granting registration. The requisite fees as required under rules of the

Maharashtra State Pharmacy Council Rules, 1969 will be remitted by payment gateway. I hereby declare that I have read the provisions of Sec. 32(2) and 41 and all relevant provisions of the Pharmacy Act, 1948; I have myself done all the entries in the form are true to the best of my knowledge and belief.

I would like to submit declaration as under required to be given in accordance with regulation 3.1 of Pharmacy Practice Regulations 2015

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. Even under threat, I will not use my pharmacy knowledge contrary to the laws of Humanity.
3. I will maintain the utmost respect for human life from the time of conception.
4. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity.
6. The health of my patient will be my first consideration.
7. I will respect the secrets which are confined in me.
8. I will give to my teachers the respect and gratitude which is their due
9. I will maintain in my power, the honor, and noble traditions of pharmacy profession.
10. I will treat my colleagues with all respect and dignity.
11. I shall abide by the code of ethics as laid down by the Pharmacy Council of India. I certify that I have read and agree to abide by the declarations made above. I make these promises solemnly, freely and upon my honor.

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Further I would like to declare voluntarily as below which may kindly be noted-

In conformity with MSPC Rules 1969 (Rule NO- 57(2)) I hereby voluntarily remit and request you to accept Advance Renewal fee in lump sum (ARFL) from me, paid to avoid difficulties arising out of my inadvertent failure to pay the renewal fees every year in time.

In future, if due to some reason this amount becomes inadequate to cover my renewal fees, I shall be glad to remit such additional amount as you may deem fit. I am also aware of the PPR Regulations 4.2 which states that for renewal of registration the pharmacist shall attend minimum two refresher courses in pharmacy of minimum one day duration each in a span of 5 years organized by bodies approved by PCI and will comply same in near future.

In the event of conclusion of my registration on account of one of the following reasons, amount of ARFL shall be treated as my donation to the council as per Rule 82 of MSPC Rules-1969 and I assure you that neither me nor my nominee or representative will claim for any refund of same from council.

- 1) Transfer or migration to other state
- 2) Cancellation of registration on account of my death,
- 3) Voluntary submission of Registration Certificate to council for practicing some other profession or other reason
- 4) Temporary or permanent cancellation of registration under section 36 of the Pharmacy Act-1948

**I am fully aware of Rule 60 of MSPC Rules 1969 which runs as under:**

*60. Change of address - It shall be the duty of every registered person who changes his address to intimate the fact to the Registrar within one month after such change.*

Accordingly, I will inform you my residential or professional address, contact number/s, e mail id if there is any change in the same.

I also understand that Pharmacist's Professional Profile is supplementary to Registration Certificate issued by Maharashtra State Pharmacy Council which will be renewed by me every 5 years by following necessary procedure prevalent at that time. I also voluntarily remit necessary charges towards the publications and bulletin published by Council's Drug Information Centre during this financial year.

I hereby declare that I have read and understood everything mentioned above and agree with same and will abide by it, I request you to make me participate under ARFL scheme and Pharmacist's Professional Profile.

I also would like to solemnly affirm that I have completed my pharmacy course duly complying with norms of education regulation framed by PCI. My admission year my pharmacy college was duly approved by PCI u/s 12 of Pharmacy Act. Also during same there were no legal issues whatsoever with remarks such as Matter is pending in court /Matter is sub judice /Approval status not updated due to non-submission of fees /Approval subject to neutralization of excess admissions/grant of approval only to some students ,etc. thus assure you that the information is true to the best of my knowledge and if found guilty of any such information ,my registration u/s 32(2) read with section 36(1) of Pharmacy Act - 1948 is liable to be cancelled.

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I undertake that simultaneously based on my pharmacy academic documents I will not apply to any other state pharmacy council in India. After granting registration by MSPC, if I want to settle in another state of India, I will apply for reciprocal transfer of registration.

I also state that during the tenure of my pharmacy course I have not completed any other full time or part time education.

I further state that presently I am neither registered with any councils like Maharashtra Homeopathy Council, Maharashtra Council of Indian Medicine, Maharashtra Medical Council, Maharashtra Dental Council, Bar Council, Maharashtra Nursing Council, Maharashtra council of OT/PT or any Other Professional Council in Maharashtra or within India etc. and practicing such profession. I also undertake that in future if I register myself with any such Professional Council, I will inform same to MSPC and fulfill requisites prevalent at that time.

I am also well aware about the provisions of section 36 of the Pharmacy Act,1948 and aware that in case of pursuing full time/part time higher education or other employment where pharmacist registration certificate is not required, I will not misuse my registration certificate to obtain or show my appointment in retail pharmacy or in any other establishment by giving false or misleading information to licensing authority of Food and Drug Administration, Maharashtra or any employer under any circumstances.

If I found to be guilty of any such misconduct, I am aware that giving the defense of ignorance of above facts or legal provisions will not be available to me for whatsoever reasons.

**Declaration**

I solemnly affirm that the scanned documents uploaded by me and information furnished above by me is true and correct in all respects. I further confirm that the documents uploaded by me are original and not fake or forged or bogus or tampered or fabricated and belong to me 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. If after registration is granted and it comes to the notice of MSPC that said registration is acquired based on forged/fake documents or impersonation or concealing correct information then said registration is liable to be cancelled under section 36 of Pharmacy Act along with other penal actions under appropriate Law. I agree to always abide by the rules and regulations of the Maharashtra State Pharmacy Council. I am aware though presently I am being exempted from producing my mark lists, diplomas/Degree certificates and other requisite documents in original in person to MSPC, Registrar MSPC reserves the right to ask for same or 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 appropriate authorities as per nature of case.

Date-

Place-