



भारतीय भेषजी परिषद्  
( भेषजी अधिनियम, 1948 के अंतर्गत स्थापित )  
**PHARMACY COUNCIL OF INDIA**  
( CONSTITUTED UNDER THE PHARMACY ACT, 1948 )

तार	Telegram : 'फार्मकाउंसिल' 'FARM COUNCIL'	संयुक्त परिषद् भवन	Combined Councils' Building
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Ref.No.12-1/2011-PCI

26757-28552

13 JUL 2014

**All Institutions (D.Pharm, B.Pharm, Pharm.D) approved by PCI**  
**- u/s 12 of the Pharmacy Act**  
**- conduct of course**

**Sub: Issue of mis-use of pharmacist registration certificate.**

Sir / Madam

With reference to the subject cited above, I am directed to inform that subject cited issue was considered by 95<sup>th</sup> Central Council in its meeting held in May, 2014 which noted that complaints are received from various quarters that some pharmacists including pharmacy teachers and B.Pharm, M.Pharm, Pharm.D, Pharm.D (PB) & Ph.D students are indulging in unethical practices by giving their pharmacist registration certificates at community pharmacy etc..

In order to curb this menace, it was decided to write to all pharmacy institutions to -

- a) obtain a duly attested affidavit on a stamp paper from all the teaching faculty, B.Pharm, M.Pharm, Pharm.D, Pharm.D (PB) & Ph.D students to the effect that they are not using their pharmacist registration certificate elsewhere during the currency of employment with the said institution / course of study in the following format:-

**In respect of Teachers**

"I, \_\_\_\_\_ do hereby declare that I have not/will not use my Pharmacist  
(Name of teacher)

registration certificate No. \_\_\_\_\_ dtd. \_\_\_\_\_ issued by the \_\_\_\_\_  
(Name of the State Pharmacy Council)

valid upto \_\_\_\_\_ elsewhere during the tenure of my employment with \_\_\_\_\_  
(date of validity) (Name of institution)

In case of failure to comply with this declaration, I will render myself liable to action for cancellation of my pharmacist registration u/s 36(1) (ii) of the Pharmacy Act, 1948 and debarred from teaching in any pharmacy institution on account of infamous conduct.

..2..

Name of teacher : \_\_\_\_\_  
(in Capital)  
Signature of teacher : \_\_\_\_\_

Place :

Date :

**In respect of –**

- a) Lateral entry students of B.Pharm, Pharm.D, Pharm.D (PB)
- b) All M.Pharm and & Ph.D students.

"I, \_\_\_\_\_ do hereby declare that I have not/will not use my Pharmacist  
(Name of student)  
registration certificate No. \_\_\_\_\_ dtd. \_\_\_\_\_ issued by the \_\_\_\_\_  
(Name of the State Pharmacy Council)  
valid upto \_\_\_\_\_ elsewhere during the course of study in \_\_\_\_\_  
(date of validity) (Name of institution)

In case of failure to comply with this declaration, I will render myself liable to action for cancellation of my pharmacist registration u/s 36(1) (ii) of the Pharmacy Act, 1948 and debarred from "course of study" in pharmacy institution on account of infamous conduct.

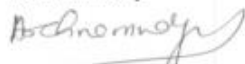
Name of student : \_\_\_\_\_  
(in Capital)  
Name of course : \_\_\_\_\_  
Signature of student : \_\_\_\_\_

Place :

Date :

This is for strict compliance.

Yours faithfully

  
(ARCHANA MUDGAL)  
Registrar-cum-Secretary