

Circular

Undertaking from Post Graduate (PG) students (Except for sponsored students of PG)

To

**All the Principals/Directors/GTU Coordinators (M.E, M.PHARM, MBA, MCA Program)
Gujarat Technological University, Ahmedabad.**

All the Principals/Directors/GTU Coordinators of PG programs are hereby informed to submit the undertaking from all the students of affiliated colleges in respective programs in softcopy (single PDF file per College). Performa is attached herewith, and last date to submit PDF files is 8th January, 2014. Format of file name should be: - **College Code_Name of Program.PDF**. The soft copy shall be submitted to following email id:

For M.E: mecall@gtu.edu.in,

For M.Pharm: mphcall@gtu.edu.in,

For MBA and MCA: pg@gtu.edu.in

Sd/-

I/ C Registrar

Copy to:

1. All sections for necessary action.
2. P. A. to Registrar.
3. P.S to Hon.Vice Chancellor.
4. Concerned file.

અટક નામ પિતાનું નામ

વિદ્યાર્થીનું નામ :

સરનામું :

.....

.....

પીન કોડ નં.

મોબાઇલ નં.

તારીખ :

પ્રતિ,

આચાર્યશ્રી,

વિષય : બાહેધરી આપવા બાબત.

શ્રીમાન,

સવિનય જણાવવાનું કે, આ સંસ્થામાં એમ.ઈ./એમ.ફાર્મ./એમ.બી.એ./એમ.સી.એ. સેમે.
પ્રાન્થ રોલ નં. એનરોલમેન્ટ નંબર થી
અભ્યાસ કરું છું. પી.જી. અભ્યાસક્રમ હુલ ટાઈમ અભ્યાસક્રમ છે. તેની મને જાણ છે. મારી લાયકાતમાં વધારો
થાય છે જે અર્થે ડીગ્રી ધારણ કરવા અભ્યાસમાં જોડાયેલ છું. હું કોઈપણ પ્રકારની સરકારી/બિન સરકારી/અર્ધ
સરકારી કે અન્ય સંસ્થા/કચેરીમાં નોકરી કરતો નથી, જે અંગે સમજી વિચારીને બાહેધરી આપું છું. આ સંસ્થાના
નીતિ-નિયમોની મને પૂરેપૂરી જાણ છે. જો ભવિષ્યમાં હું નોકરી કરું છું તેવી આપને જાણ થાય તો મારો પ્રવેશ
રદ કરશો તો હું વાંધો લઈશ નહીં. જેની હું ખાત્રી આપું છું.

આપનો વિશ્વાસુ,

(વિદ્યાર્થીની સહી)

ખાતાના વડાના રીમાર્ક સાથે સહી તેમજ સિક્કો



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
दूरभाष	Telephone : 23239184, 23231348	कोटला रोड	Kotla Road
फैक्स	Fax : 011-23239184	ऐवान-ए-ग़ालिब मार्ग	Aiwan-E-Ghalib Marg
ई-मेल	E-Mail : pci@ndb.vsnl.net.in	पोस्ट बॉक्स नं. 7020	Post Box No. 7020
वेबसाइट	Website : www.pci.nic.in	नई दिल्ली - 110002	New Delhi - 110002

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 95th 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.

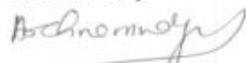
Name of student : _____
(in Capital)
Name of course : _____
Signature of student : _____

Place :

Date :

This is for strict compliance.

Yours faithfully


(ARCHANA MUDGAL)
Registrar-cum-Secretary