

## Procedure for Duplicate copy of Registration certificate (Loss of certificate)

1. **Submit** original affidavit on Rs 100 /- stamp paper ,duly notarized (format given below) **IN PERSON**
2. **Copy of police complaint regarding loss of certificate**
3. Application for duplicate copy.(given below)
4. Four 3.5X 4.5 cm size, identical, front pose ,recent photographs.
5. Identity slip duly attested by gazetted officer / Principal of school or college(given below)
6. Remit Rs . 200/- (Provided registration is renewed up to date)
7. Proof of date of birth

<u>FOR OFFICE USE</u>	<u>FOR OFFICE USE</u>
Remark-	Inward No-
Date- Amt	Date-
Receipt No Sign-	Forwarded to -

The Registrar-MSPC

I would like to furnish the details as – **Registration number** \_\_\_\_\_ **date** \_\_\_\_\_

**Name in full** \_\_\_\_\_

Present communication address - \_\_\_\_\_

Professional address (if applicable) \_\_\_\_\_

Telephone number (Residence) \_\_\_\_\_ Mobile \_\_\_\_\_

E mail id \_\_\_\_\_

I hereby assure that information furnished above is true and request you to issue me **Duplicate Certificate** .  
Submitting requisite documents and remitting necessary charges for same

Yours truly, \_\_\_\_\_ ← (**Signature**)

**IDENTITY SLIP**  
(To be attested)

This is to certify that I know Shri./Smt. \_\_\_\_\_

residing at (Address) \_\_\_\_\_

for the last \_\_\_\_\_ Years and he/she bears good moral character. I Further certify that

the adjunct photo & Specimen signatures in duplicate of Shri / Smt. \_\_\_\_\_ are recent.

Recent photo  
front pose  
3.5cmx4.5cm  
Affix here

Signature & SEAL of the Principal/

Gazetted officer

**Applicant's Signatures**

ON STAMP PAPER OF Rs.100/-

**POINTS OF AFFIDAVIT FOR THE DUPLICATE CERTIFICATE**

I Shri / Smt.(Full name) \_\_\_\_\_

Aged \_\_\_\_\_ residing at \_\_\_\_\_ do hereby state  
and declare on solemn affirmation as under:

I am a registered pharmacist of Maharashtra State Pharmacy Council bearing  
Registration No. \_\_\_\_\_ date \_\_\_\_\_. The Maharashtra State  
Pharmacy Council had issued me the certificate of above registration number. The same  
registration certificate is lost/misplaced, etc. during \_\_\_\_\_  
(reason) \_\_\_\_\_ and with diligent efforts it is not traced out/found.

I make this affidavit to submit to the Registrar, Maharashtra State Pharmacy Council  
to issue me a duplicate Registration Certificate. I further declare that in case the original  
Registration Certificate is found or traced out by me in future, I will not misuse it in any  
manner and surrender it to the office immediately.

DEPONENT

**(Signature of pharmacist)**

**Photo** of pharmacist

Identified by me.**(Notary)**