

FORM 13

(See rule 73)

Application for re-entry in the Register of Pharmacists -Name removed Under section 43 (2).

FOR OFFICE USE

Receipt no-	Amount-	Inward no -	Date-
Date-	Sign-	Forwarded to -	

To
 The Registrar
 The Maharashtra State Pharmacy Council,
 E.S.I.S. Hospital Compound L.B.S. Marg, Mulund (W), Mumbai- 400 080.
 Sir/Madam,

I, the undersigned _____ (put your name) do

solemnly and sincerely declare the following

<p>1) My Registration number is _____ My name is duly registered on - _____ (put date of registration)</p>
<p>2) I was registered on _____ qualification (put qualification at the time of registration)</p>
<p>3) After removal of name I earned _____ qualification (put additional qualification like B pharm, M Pharm, Ph.D ,etc if any earned by you after being defaulter)</p>
<p>4) The Registrar removed my name from the Register on _____ (Insert date of removal) for default in payment of renewal fees.</p>
<p>5) Since the removal of my name from the Register I have been residing on _____ (Insert your residential address during default period)</p>
<p>6) Since the removal of my name from the Register my occupation has been _____ (insert particulars about your professional address during default period)</p>
<p>7) It is my intention, if my name is restored in the Register, to _____ (insert particulars about your future profession)</p>

Declared at Mulund, Mumbai, Date:

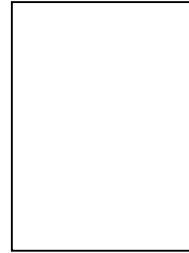
Signature of Applicant _____

Witnessed by (Name of pharmacist)- _____

Signature of witness _____ Registration number of witness _____

Disclaimer: The above information furnished is to help the pharmacists who wish to apply to MSPC for various procedures such as re entry, new copy ,duplicate certificate, change of name ,etc but ,Council reserves the right to ask for any supplementary document and or refer to appropriate authority in addition to the documents mentioned in website .All such registered pharmacists are requested to take a note of same.

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 photograph & Specimen signatures in duplicate of Shri / Smt. _____
_____ are recent.

**Signature & SEAL of
the Principal/
Gazetted officer/Officer of Equivalent rank**

Applicant's Signatures

Registration number- _____

To,
The Registrar-MSPC

I, (*put your name*)- _____ submit

Here with my recent photo and signature for scanning purpose .

Passport
Size, front pose,
Recent photo
3.5cmX4.5cm

AFFIX HERE

(Sign in the box below)

Important

Dear Applicants, please submit your recent ,front pose(both ears should be visible) photographs of size **3.5cmX 4.5cm** only as Registration Certificate will bear your scanned photo and scanning quality is hampered if photos are not of appropriate size .Side pose photos and Photos with cap or head gear will not be allowed. For better printing quality you may submit photos preferably with white background and dark colored outfit (dress)