FORM-PA19/UT - SELF-DECLARED UNDERTAKING

(To be submitted by a Registered Pharmacist already registered with another State Pharmacy Council seeking *registration with the Maharashtra State pharmacy Council under the Simplified Inter-State Registration Procedure - PA 19)*

(As per the resolution passed in the Executive meeting held on 30th June 2026 at the Council's office, Mumbai and subsequent meeting for finalizing same via google meet held on 07th July 2026)

Please sign on each page

PART A - APPLICANT DETAILS

Sr.	Particulars	Details
1	Full Name of Applicant (as per qualifying diploma/degree)	
2	Father's/Husband's Name	
3	Date of Birth	
4	Gender	
5	Nationality	
6	Aadhaar Number	
7	PAN Number	
8	Permanent Residential Address	
9	Present Address in Maharashtra	
10	Mobile Number	
11	Email ID	
12	Qualifying Diploma/Degree (d pharm/B Pharm/Pharm D))	
13	a) Name of pharmacy Institute b) Name of Examination board/ University	

Signature of applicant-

14	Year of Passing	
15	Parent and presently registered State Pharmacy Council (SPC)	
16	Registration Number with date with presently registered SPC	
17	Date of Registration with Parent and presently registered SPC	
18	a) I card if issued by that SPC- details (if applicable) Validity / Renewal Date of registration certificate with that SPC	
19	b) Additional Qualifications (if any)	

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PART B - DECLARATION AND UNDERTAKING

I, (Put full name as on pharmacy certificates).

____, son / daughter / wife of Shri / Smt. ____, aged ____years, presently residing at

____

___________________________, do hereby solemnly affirm, declare and undertake as under:

1. That I am a duly qualified Registered Pharmacist holding the qualification with following details

A) Name of course-Diploma/Degree/Pharm D

B) Name of Pharmacy College

C) Name of examination board /University

D) Passing year-

and during my admission to the said course the said qualification and pharmacy institute as well

Signature of applicant-

as examination authority is approved and duly recognized by Pharmacy Council of India, New Delhi (PCI) under section 12 of the Pharmacy Act, 1948.Also my admission falls under the approved intake capacity to my college by PCI and not over and above intake capacity

2. That I am presently registered as a Registered Pharmacist with the _____ State Pharmacy Council bearing Registration No. _____dated _____and my said registration is valid till _____subsisting and in full force as on the date of this Undertaking.

3. That all the particulars, statements, qualifications and supporting self-attested documents furnished by me along with my application for registration with the Maharashtra State Pharmacy Council are true, correct, genuine and complete to the best of my knowledge, information and belief, and nothing material has been concealed therefrom and also documents are not fake or bogus or forged or fabricated or tampered and belong to me only.

4. That no disciplinary proceeding, professional misconduct enquiry, criminal proceeding or any other adverse action is pending or contemplated against me before the parent and presently registered State Pharmacy Council, the Pharmacy Council of India, any other regulatory body, or any Court of law in India or abroad, in connection with the practice of the pharmacy profession.

5. That my name has never been removed, struck off, suspended or cancelled from the register of any State Pharmacy Council, the Pharmacy Council of India, or any equivalent regulatory authority, on any ground whatsoever; and I have not been declared as professionally unfit by any competent authority. Provided, however, that in the event such removal, suspension, or cancellation had occurred at any point of time, the same stands duly restored/revoked pursuant to the order passed by the Council dated ___.

6. That I am physically and mentally fit to practice the pharmacy profession and I am not suffering from any communicable disease or mental incapacity that would render me unfit to practice.

7. That I unconditionally consent to the Maharashtra State pharmacy Council undertaking Suo motu verification of the particulars submitted by me, directly with the parent and presently registered State Pharmacy Council and / or the awarding examination authority/ University / pharmacy Institute, other authorities as Registrar and Council may deem fit and I hereby authorize all such bodies to share my registration and qualification data with the Maharashtra State pharmacy Council for the purpose of such verification.

8. That I understand and accept that on the basis of this Undertaking which is NOT edited by me, the Maharashtra State pharmacy Council shall, in the first instance, grant me Registration provisionally, which shall be valid for a period of ninety (90) days or such other period as may be specified, pending completion of internal back-end verification with the parent and presently registered State Pharmacy Council.

9. That upon successful authentication of my credentials by the parent and presently registered State Pharmacy Council, my Provisional Registration shall automatically stand converted into Permanent Registration under the Pharmacy Act, 1948.

I consent to MSPC to receive recurring automated text messages and or email from MSPC regarding pharmacist registration and or professional updates from MSPC's Drug information center on mobile number and or email Id provided by me. I assure you that I will inform my updated residential or professional address, mobile number and email Id if there is any change in the same.

10. That I clearly understand and unequivocally accept that, in the event any of the particulars, statements or documents furnished by me are found to be false, forged, fabricated, misleading or in any manner incorrect, or if any material fact has been suppressed by me, then

(a) my Provisional / Permanent Registration with the Maharashtra State pharmacy Council shall stand summarily cancelled without any further notice or opportunity of hearing; I shall be

Signature of applicant-

liable for criminal prosecution under the relevant provisions of the Acts, including those relating to forgery, cheating, impersonation and making of false declarations, and also under relevant section of section 36, 41 of the

Pharmacy Act, 1948;

(b) the fact of cancellation shall be publicly notified on the Council's website and intimated to the parent and presently registered State Pharmacy Council, the Pharmacy Council of India, and all other concerned regulatory and law-enforcement authorities; and

(c) I shall not be entitled to claim any refund of the registration fee or any other charge paid by me to the Council.

11. That I undertake to intimate the Maharashtra State Pharmacy Council, in writing, within fifteen (15) days of the occurrence of any of the following events:

(a) initiation of any disciplinary or criminal proceeding against me;

(b) suspension, cancellation or any adverse order passed against me by the parent and presently registered State Pharmacy Council or any other regulatory body;

(c) change of address, contact number or email ID; and

(d) any other change in the particulars furnished in Part A of this Undertaking.

12. That I undertake to abide, at all times during the subsistence of my registration, by the Pharmacy Act, 1948, the Maharashtra State Pharmacy Council Rules 1969 and Regulations framed under the Pharmacy Act, the applicable Professional Conduct Regulations, and all directions issued by the Council and the Pharmacy Council of India, New Delhi from time to time.

13. That I declare that I am submitting this Undertaking voluntarily, without any coercion, undue influence or misrepresentation, after fully understanding the contents and consequences thereof, and the contents have been read over and explained to me in a language known to me.

Solemnly affirmed and signed at _____this _____day of _____20_____that the contents of this Undertaking are true and correct to the best of my knowledge and belief, and nothing material has been concealed therefrom.

Verified at: _____
Place: _____
Date: _____

_____
Signature of the Deponent

Name: _____

Parent & presently registered SPC Reg. No: _____

VERIFICATION

Verified at _____on this _____day of _____ 20_____that the contents of paragraphs 1 to 13 of the above Undertaking are true and correct to the best of my knowledge and belief, and no part thereof is false and nothing material has been concealed.

_____

Signature of applicant-