

Annexure-7 A.d

Application Form for Pharmacy Award
(to be submitted by the State Pharmacy Council to PCI for
category vii) mentioned in the scheme)

1.	Name of the State Pharmacy Council (In Block Letters)	
2.	Date of Constitution	
3.	Complete present address for communication with pin code	
3.1	Telephone number with STD code	
3.2	E-mail address, if any	
3.3	Website	
4.	Name of the President with Mobile No.	
5.	Name of Registrar with Mobile No.	
5.1	Qualification of Registrar	
5.2	Date of Joining of Registrar	
6.	Date of first constitution of the State Pharmacy Council.	
7.	When was the last election held.	
8.	Date of enforcement of Education Regulations (section 11).	
9.	Date of enforcement of section 42 of the Pharmacy Act, 1948.	

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10.	Whether the audited statement of accounts have been submitted to PCI for the last 3 years.	
11.	Whether the 1/4 th share u/s 44 of the Pharmacy Act has been paid to the PCI for the last 3 years. If yes, enclosed the details thereof.	
12.	No. of Continuing Education Programmes (CEPs) held for registered pharmacist. Please submit the data for last 3 years.	
13.	Whether the data of registered pharmacist is being submitted to the PCI annually.	
14.	Outstanding achievements, if any, in the field of pharmacy profession.	

Name of Registrar : _____

Signature of Registrar : _____
with date