



MANIPUR STATE PHARMACY COUNCIL

(Constituted under the Pharmacy Act, 1948)

Medical Directorate Complex, Lamphelpat, Imphal - 795004

Phone : 0385-2410338 ♦ Fax : 0385-2410338 ♦ Mobile : 7005026783 ♦ E-mail : regmspc@gmail.com

SL. NO.

APPLICATION FORM FOR EDUCATION PURSUANT CERTIFICATE

(To be filled by the candidate in Capital Letters)

Paste a
recent
Photo

To,

The Registrar,
Manipur State Pharmacy Council

Subject: Application for Education Pursuant Certificate.

Sir,

I, Mr./Ms.

D/o / S/o of
(address)

..... Mobile No.

Hereby submitting this application for the purpose of issuance of "**Education Pursuant Certificate**" for Registration under MSPC after completion of pharmacy education at private institutions outside/inside Manipur state. I am hereby submitting along with Bank Deposit / Slip No. dated Rs. 1000/- (Rupees One thousand) drawn at Punjab National Bank, RIMS Branch, Lamphel, or at the office of the MSPC in favour of Manipur State Pharmacy Council. I am to take/ has taken admission in Diploma in Pharmacy / Bachelor of Pharmacy course inside / outside Manipur at (Name of Institute) situated at (Address)
..... under the
Examining Authority/ University
..... from the year

Note: The application is accepted subject to the fulfillment of requirements for issuance of "Education Pursuant Certificate" for Registration under Manipur State Pharmacy Council after completion of pharmacy education at private institutions outside Manipur.

Signature of Applicant with Date

Signature of Receiving Official
with Date



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EDUCATION PURSUANT CERTIFICATE

(TO BE FILLED IN WITH CAPITAL LETTERS)

This is to certify that Mr./Ms.

D/o / S/o of

(address)

*.....
has been registered to the Manipur State Pharmacy Council for pursuance of (Tick ✓)*

☐ *Diploma in Pharmacy /* ☐ *Bachelor of course* ☐ *inside /* ☐ *outside the
state of Manipur at (Name of Institute)*

..... situated at (Address)

..... under the Examining Authority/ University

*..... from
the year for the purposes of issuance of "Education Pursuant
Certificate" for Registration under MSPC after completion of pharmacy education.*

**Signature of the Certifying Officer
with Date**