

APPLICATION FORM FOR REGISTERED PHARMACIST'S IDENTITY CARD

To,

The Registrar,
Manipur State Pharmacy Council,
Lamphel

Paste a recent
passport photo
without any
signature

Subject: Request for issuing registered pharmacist's I-card

Sir,

I, the undersigned have the honour to say to kindly arrange for issuing a new I-card. My bio-data is submitting below, and I declare that the given information is true to the best of my knowledge:

1. FULL NAME (IN BLOCK) :
2. FATHER'S/GUARDIAN'S NAME :
3. FULL ADDRESS WITH PIN CODE:
.....
4. DATE OF BIRTH :
5. MARITAL STATUS : (Tick v) Married ☐ Unmarried ☐
6. MOBILE NUMBER :
7. SEX : (Tick v) Male ☐ Female ☐
8. HIGHEST PHAMACY EDUCATIONAL QUALIFICATION :
9. BLOOD GROUP :
10. BODY IDENTIFICATION MARK :
11. E-MAIL ID:



THUMB IMPRESSION OF THE APPLICANT



SIGNATURE OF THE APPLICANT

FOR OFFICIAL USE ONLY

REGISTRATION NO. :

NAME:

DATE OF FIRST REGISTRATION :

DATE OF REGISTRATION VALIDITY :

SL. NO. :

BATCH NO. :

DATE OF ISSUE OF ID CARD:

Verified by:

(Signature of the issuer)



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

CODE OF PHARMACEUTICAL ETHICS AND PHARMACIST'S OATH

DECLARATION

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. Even under threat, I will not use my pharmacy knowledge contrary to the laws of Humanity.
3. I will maintain the utmost respect for human life from the time of conception.
4. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity.
6. The health of my patient will be my first consideration.
7. I will respect the secrets which are confined in me.
8. I will give to my teachers the respect and gratitude which is their due.
9. I will maintain by all means in my power, the honour and noble traditions of pharmacy profession.
10. I will treat my colleagues with all respect and dignity.
11. I shall abide by the code of ethics as laid down by the Pharmacy Council of India.

I certify that I have read and agree to abide by the declarations made above.

I make these promises solemnly, freely and upon my honour.

Signature

Name

Place

Address :

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.....

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Date