User Manual

for

Online Pharmacist Registration System

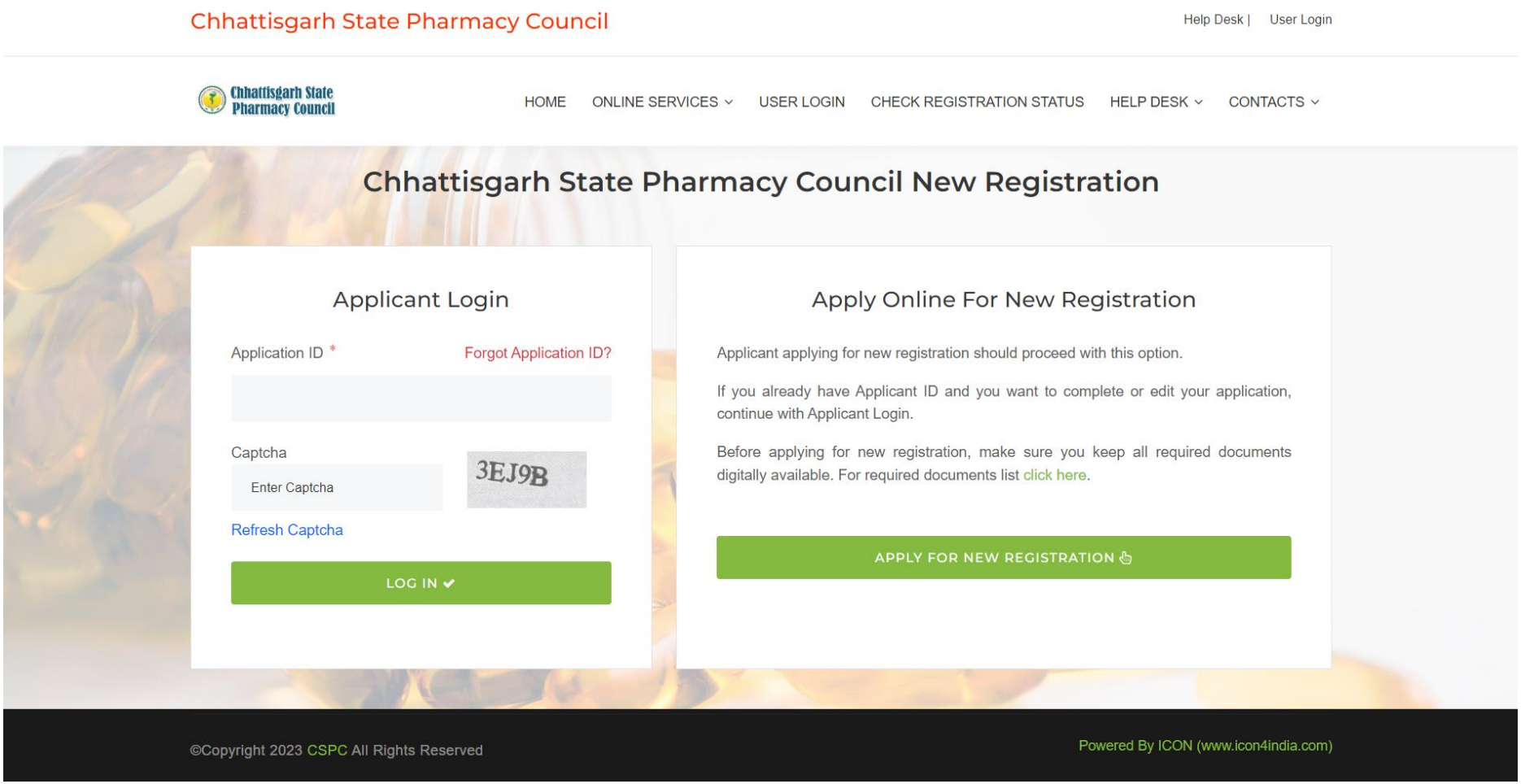
of

Chhattisgarh State Pharmacy Council

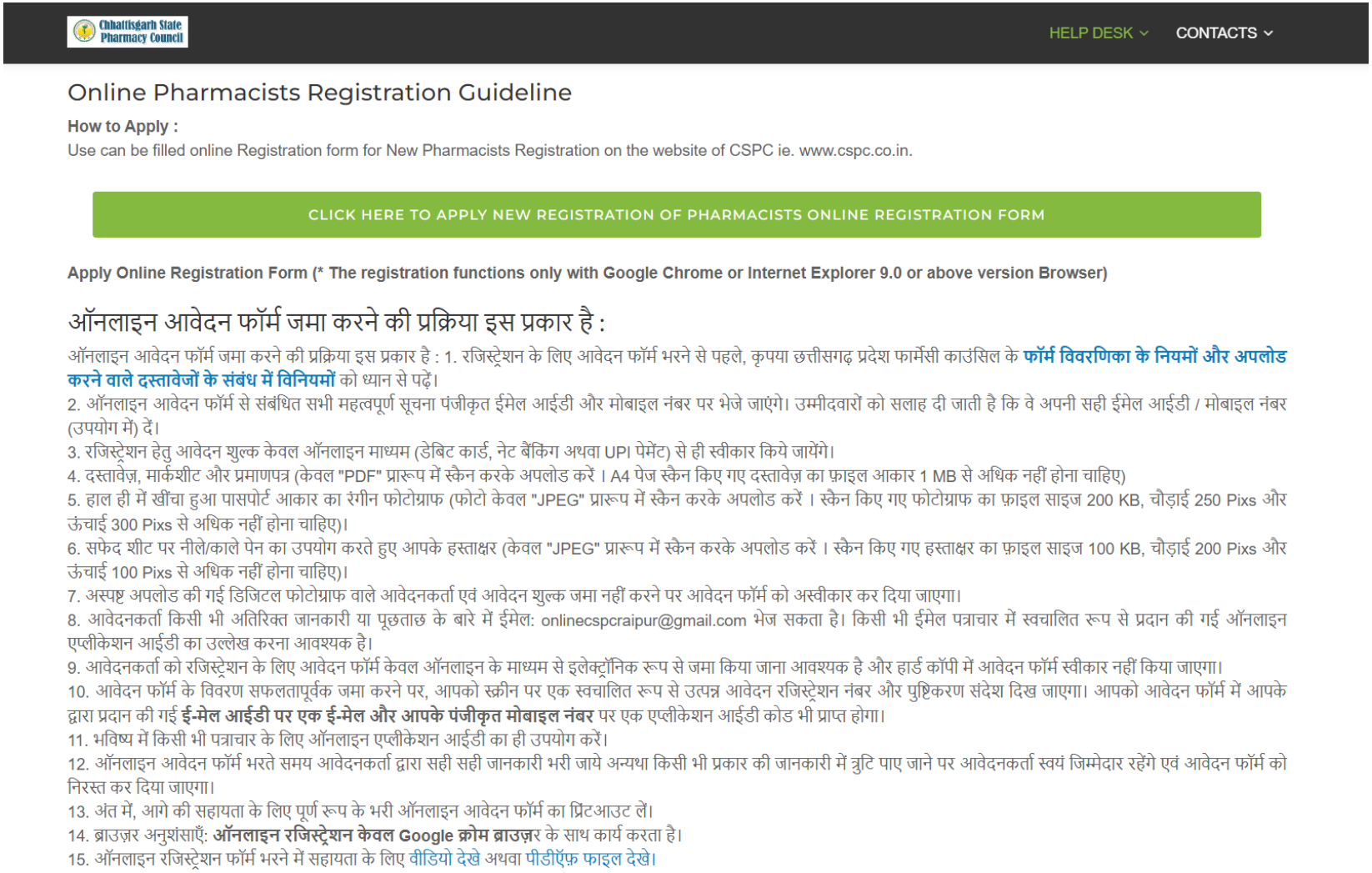
Website: www.cspc.in

New Registration Form for Pharmacist of Chhattisgarh State Pharmacy Council Help Desk

This user manual contains all the necessary information for users to fill the registration form through the online pharmacist registration system. This user manual contains step-by-step procedures for accessing and using the online registration system.



Applicants are requested to go through important instruction manuals and guidelines before filling online pharmacist registration form.



Chhattisgarh State Pharmacy Council

HELP DESK CONTACTS

Online Pharmacists Registration Guideline

How to Apply :

Use can be filled online Registration form for New Pharmacists Registration on the website of CSPC ie. www.cspc.co.in.

CLICK HERE TO APPLY NEW REGISTRATION OF PHARMACISTS ONLINE REGISTRATION FORM

Apply Online Registration Form (* The registration functions only with Google Chrome or Internet Explorer 9.0 or above version Browser)

ऑनलाइन आवेदन फॉर्म जमा करने की प्रक्रिया इस प्रकार है :

ऑनलाइन आवेदन फॉर्म जमा करने की प्रक्रिया इस प्रकार है : 1. रजिस्ट्रेशन के लिए आवेदन फॉर्म भरने से पहले, कृपया छत्तीसगढ़ प्रदेश फार्मेसी काउंसिल के **फॉर्म विवरणिका के नियमों और अपलोड करने वाले दस्तावेजों के संबंध में विनियमों** को ध्यान से पढ़ें।

2. ऑनलाइन आवेदन फॉर्म से संबंधित सभी महत्वपूर्ण सूचना पंजीकृत ईमेल आईडी और मोबाइल नंबर पर भेजे जाएंगे। उम्मीदवारों को सलाह दी जाती है कि वे अपनी सही ईमेल आईडी / मोबाइल नंबर (उपयोग में) दें।

3. रजिस्ट्रेशन हेतु आवेदन शुल्क केवल ऑनलाइन माध्यम (डेबिट कार्ड, नेट बैंकिग अथवा UPI पेमेंट) से ही स्वीकार किये जायेंगे।

4. दस्तावेज़, मार्कशीट और प्रमाणपत्र (केवल "PDF" प्रारूप में स्कैन करके अपलोड करें । A4 पेज स्कैन किए गए दस्तावेज़ का फ़ाइल आकार 1 MB से अधिक नहीं होना चाहिए)

5. हाल ही में खींचा हुआ पासपोर्ट आकार का रंगीन फोटोग्राफ (फोटो केवल "JPEG" प्रारूप में स्कैन करके अपलोड करें । स्कैन किए गए फोटोग्राफ का फ़ाइल साइज 200 KB, चौड़ाई 250 Pixs और ऊंचाई 300 Pixs से अधिक नहीं होना चाहिए)।

6. सफेद शीट पर नीले/काले पेन का उपयोग करते हुए आपके हस्ताक्षर (केवल "JPEG" प्रारूप में स्कैन करके अपलोड करें । स्कैन किए गए हस्ताक्षर का फ़ाइल साइज 100 KB, चौड़ाई 200 Pixs और ऊंचाई 100 Pixs से अधिक नहीं होना चाहिए)।

7. अस्पष्ट अपलोड की गई डिजिटल फोटोग्राफ वाले आवेदनकर्ता एवं आवेदन शुल्क जमा नहीं करने पर आवेदन फॉर्म को अस्वीकार कर दिया जाएगा।

8. आवेदनकर्ता किसी भी अतिरिक्त जानकारी या पूछताछ के बारे में ईमेल: onlinecspcraipur@gmail.com भेज सकता है। किसी भी ईमेल पत्राचार में स्वचालित रूप से प्रदान की गई ऑनलाइन एप्लीकेशन आईडी का उल्लेख करना आवश्यक है।

9. आवेदनकर्ता को रजिस्ट्रेशन के लिए आवेदन फॉर्म केवल ऑनलाइन के माध्यम से इलेक्ट्रॉनिक रूप से जमा किया जाना आवश्यक है और हार्ड कॉपी में आवेदन फॉर्म स्वीकार नहीं किया जाएगा।

10. आवेदन फॉर्म के विवरण सफलतापूर्वक जमा करने पर, आपको स्क्रीन पर एक स्वचालित रूप से उत्पन्न आवेदन रजिस्ट्रेशन नंबर और पुष्टिकरण संदेश दिख जाएगा। आपको आवेदन फॉर्म में आपके द्वारा प्रदान की गई **ई-मेल आईडी पर एक ई-मेल और आपके पंजीकृत मोबाइल नंबर** पर एक एप्लीकेशन आईडी कोड भी प्राप्त होगा।

11. भविष्य में किसी भी पत्राचार के लिए ऑनलाइन एप्लीकेशन आईडी का ही उपयोग करें।

12. ऑनलाइन आवेदन फॉर्म भरते समय आवेदनकर्ता द्वारा सही सही जानकारी भरी जाये अन्यथा किसी भी प्रकार की जानकारी में त्रुटि पाए जाने पर आवेदनकर्ता स्वयं जिम्मेदार रहेंगे एवं आवेदन फॉर्म को निरस्त कर दिया जाएगा।

13. अंत में, आगे की सहायता के लिए पूर्ण रूप के भरी ऑनलाइन आवेदन फॉर्म का प्रिंटआउट लें।

14. ब्राउज़र अनुशंसाएँ: **ऑनलाइन रजिस्ट्रेशन केवल Google क्रोम ब्राउज़र** के साथ कार्य करता है।

15. ऑनलाइन रजिस्ट्रेशन फॉर्म भरने में सहायता के लिए वीडियो देखे अथवा पीडीऍफ़ फाइल देखे।

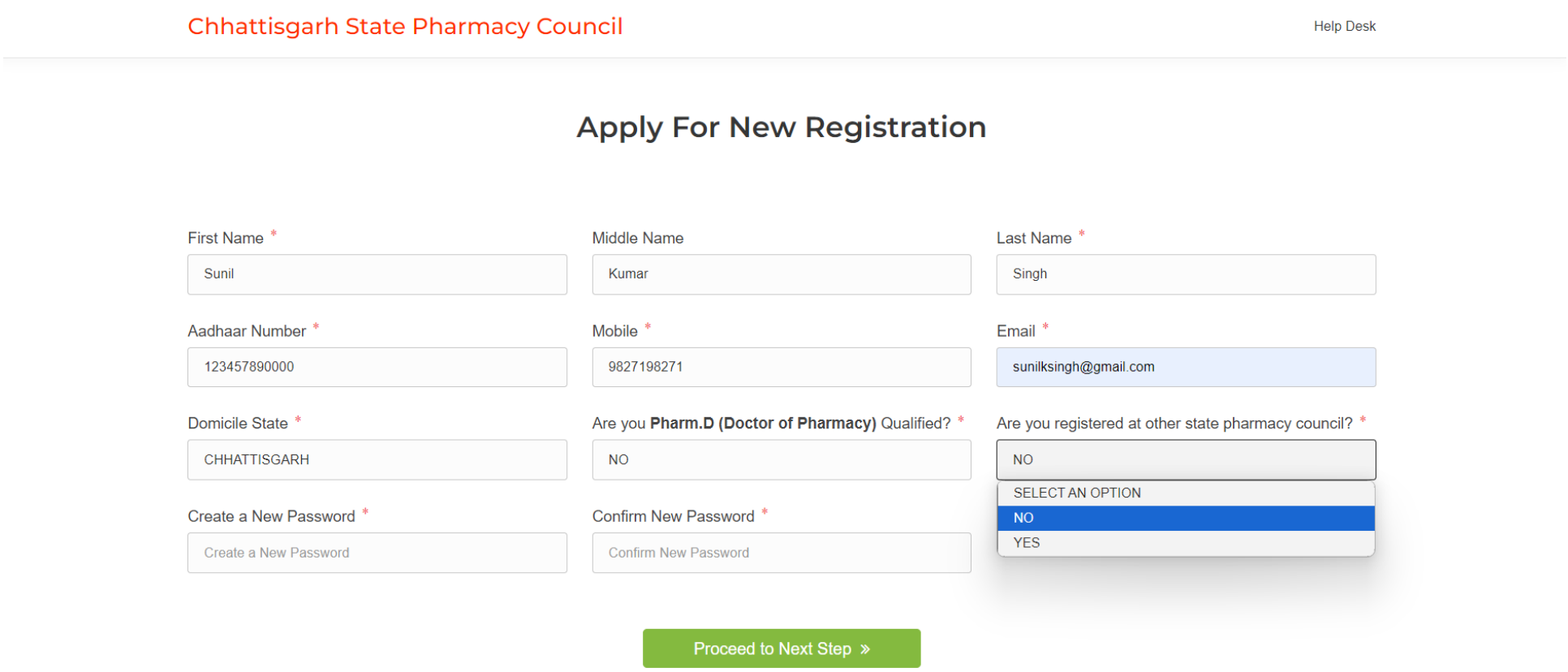
14. ब्राउज़र अनुशंसाएं: **ऑनलाइन रजिस्ट्रेशन फॉर्म Google क्रोम ब्राउज़र** पर सर्वोत्तम कार्य करता है।
15. ऑनलाइन रजिस्ट्रेशन फॉर्म भरने में सहायता के लिए वीडियो देखे अथवा पीडीऍफ़ फाइल देखे।

Online Admission Form Process :

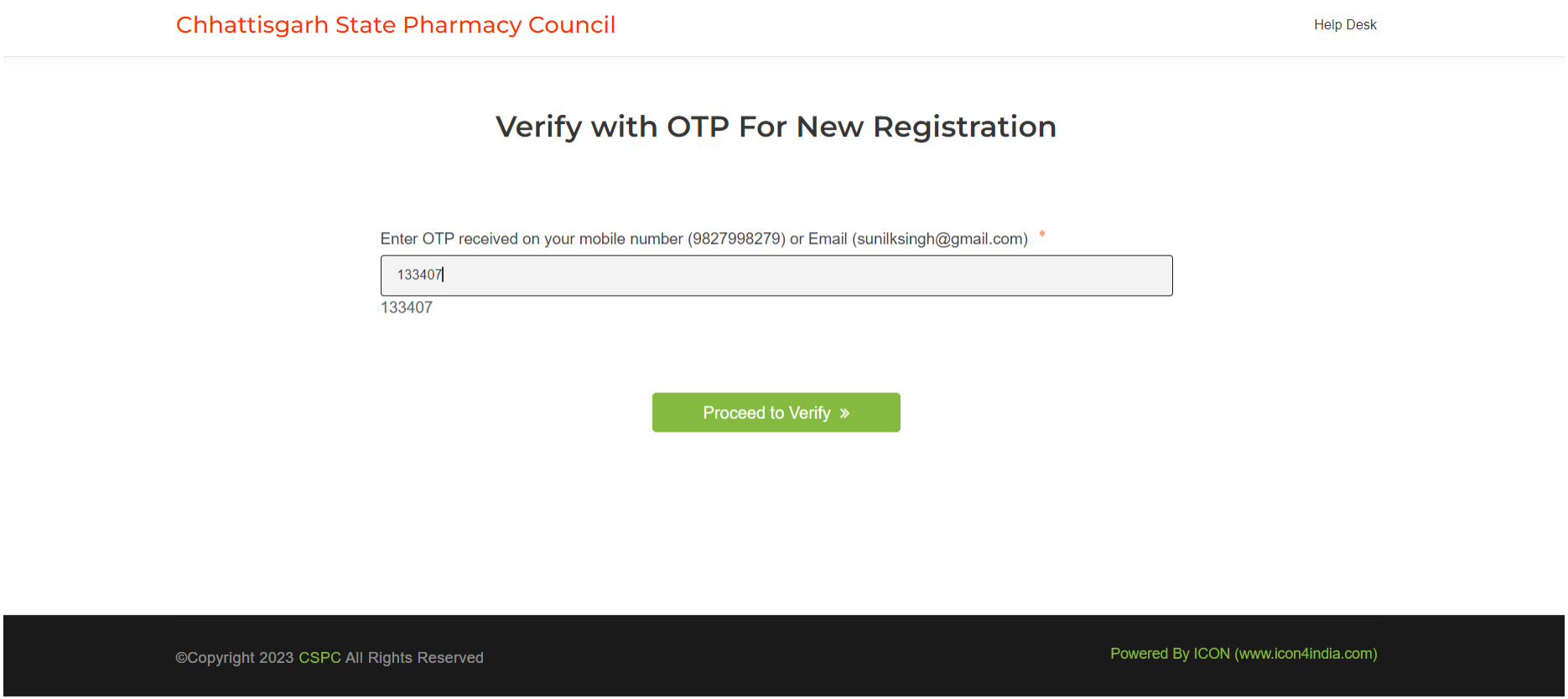
Note : Important Instructions for Candidates Before Applying Chhattisgarh State Pharmacy Council Online Application Form -

1. Before filling out the application form for registration, please carefully read the rules and regulations regarding the form description and the required documents to be uploaded as per the norms of the Chhattisgarh Pharmacy Council.
2. All important information related to the online application form will be sent to the registered email ID and mobile number. Candidates are advised to provide their correct email ID/mobile number for use.
3. Application fees for registration will only be accepted through online means (debit card, net banking, or UPI payment).
4. Documents, mark sheets, and certificates should be scanned and uploaded in "PDF" format only. The file size of scanned A4 page documents should not exceed 1 MB.
5. Recent passport-sized color photographs (in "JPEG" format only) should be scanned and uploaded. The scanned photograph file should not exceed 200 KB in size, with a width of 250 pixels and a height of 300 pixels.
6. Signatures should be done using a blue/black pen on a white sheet and scanned in "JPEG" format only. The scanned signature file should not exceed 100 KB in size, with a width of 200 pixels and a height of 100 pixels.
7. Applications with unclear uploaded digital photographs will be rejected, and the application form will not be accepted without the payment of the application fee.
8. Applicants can send any additional information or inquiries via email to: onlinecspcraipur@gmail.com. It is essential to mention the provided online application ID in any email correspondence.
9. Applicants must submit the application form electronically only through online means, and hard copies of the application form will not be accepted.
10. After successfully submitting the application form details, you will receive an automatically generated application registration number and confirmation message on the screen. You will also receive an **application ID code on your registered email ID and mobile number** provided in the application form.
11. Use the online application ID for any future correspondence.
12. Ensure that all information provided by the applicant is accurate and complete while filling out the online application form. Any errors found in the information may result in the rejection of the application form, and the applicant will be held responsible.
13. Finally, take a printout of the fully filled online application form for future reference.
14. Browser Recommendations: Online registration works best with the **Google Chrome browser** only.
15. For assistance in filling out the online application form, watch the video or refer to the PDF file.

Applicant will redirect to basic details page, enter your valid details for your online pharmacist registration process and keep yourself in mobile network and internet to register yourself. After filling all information, click on PROCEED button.



As system will send OTP (One Time Password) on E-Mail Id and Mobile number. Enter your OPT. After filling OTP, click on PROCEED button.



Applicant will have to fill up his personal, address details, education details, domicile certificate training certificate detail, and proceed to upload required documents. After filling all information, click on PROCEED button.

Chhattisgarh State Pharmacy Council

Application ID: CP23XFR8GW Help Desk Logout

Apply For New Registration

- Step 1 Personal Information
- Step 2 Qualification
- Step 3 Upload Documents
- Step 4 Pay Fees

Personal Information

First Name *	Middle Name	Last Name *
Sunil	Kumar	Singh
Father's/Husband's Name *	Mother's Name *	Gender *
Shri Ramesh Kumar Singh	Smt. Priti Singh	Female
Marital Status *	Nationality *	Aadhaar Number *
Unmarried	Indian	123456789014
Mobile *	Alternate Mobile	Email *
9827998270	07713598722	sunilksingh@gmail.com
Date of Birth *	Place of Birth	State of Birth
18-02-2002	Bilaspur	CHHATTISGARH
Domicile Certificate No.	Date of Issue (Domicile) *	Place of Issue (Domicile) *
CG54691	09-07-2012	Bilaspur
Category *	Occupation	Are you Handicapped? *
General	Business	No

Permanent Address

House No.
HNo 389

Ward / Street *
MIG-2, Sector-2

Area *
Nikita Vihar

Landmark *
Near DMart Shopping Center

City / Village *
Raipur

Tahsil *
Raipur

Post Office *
Main Post Office Raipur

State *
CHHATTISGARH

District *
Raipur

Pincode *
492001

Present Address

☑ Same as Permanent Address?

House No.
HNo 389

Ward / Street *
MIG-2, Sector-2

Area *
Nikita Vihar

Landmark *
Near DMart Shopping Center

City / Village *
Raipur

Tahsil *
Raipur

Post Office *
Main Post Office Raipur

State *
CHHATTISGARH

District *
Raipur

Pincode *
492001

Proceed to Next Step »

Chhattisgarh State Pharmacy Council

Application ID: CP23XFR8GW Help Desk Logout

Apply For New Registration

Step 1
Personal Information

Step 2
Qualification

Step 3
Upload Documents

Step 4
Pay Fees

Particulars of Qualifications

10th (Mandatory)

Name of Institution *	Board / University *	Year of Passing *
Govt. Middle School, Raipur	CB Board Raipur	2012

12th (Mandatory)

Name of Institution *	Board / University *	Year of Passing *
Govt. Higher Secondary School Raipur	CG Board of Chhattisgarh	2014

Diploma in Pharmacy (D Pharmacy)

Name of Institution	Board / University	Year of Passing
Govt. Pharmacy College Raipur	CSVTU Bhilai	2016

Course Structure *: Year

Degree in Pharmacy (B. Pharmacy)

Name of Institution	Board / University	Year of Passing
Govt. Pharmacy College Raipur	CSVTU Bhilai	2019

Course Structure *: Semester

Mark sheets

10th Mark Sheet *

Choose file | No file chosen

File should be PDF format and less than 1mb

12th Mark Sheet *

Choose file | No file chosen

File should be PDF format and less than 1mb

Diploma in Pharmacy (D Pharmacy)
1st Semester Mark sheet *

Choose file | No file chosen

File should be PDF format and less than 1mb

Diploma in Pharmacy (D Pharmacy)
2nd Semester Mark sheet *

Choose file | No file chosen

File should be PDF format and less than 1mb

Diploma in Pharmacy (D Pharmacy)
3rd Semester Mark sheet *

Choose file | No file chosen

File should be PDF format and less than 1mb

Diploma in Pharmacy (D Pharmacy)
4th Semester Mark sheet *

Choose file | No file chosen

File should be PDF format and less than 1mb

D. Pharma Exit Exam Result *

Choose file | No file chosen

File should be PDF format and less than 1mb

TOP

Proceed to Next Step »

Particulars of Professional / Training experience

Name of Establishment *: Chhattisgarh Medical Store

Establishment Address *: Bloc C Near Shopping Complex, Rajendra Nagar Raipur

Date of Commencement of Training *: 03-05-2016

Date of Completion of Training *: 30-11-2016

Is FDA License Available? *: Yes

Name of Registered Pharmacist *: Ramdhan Sahu

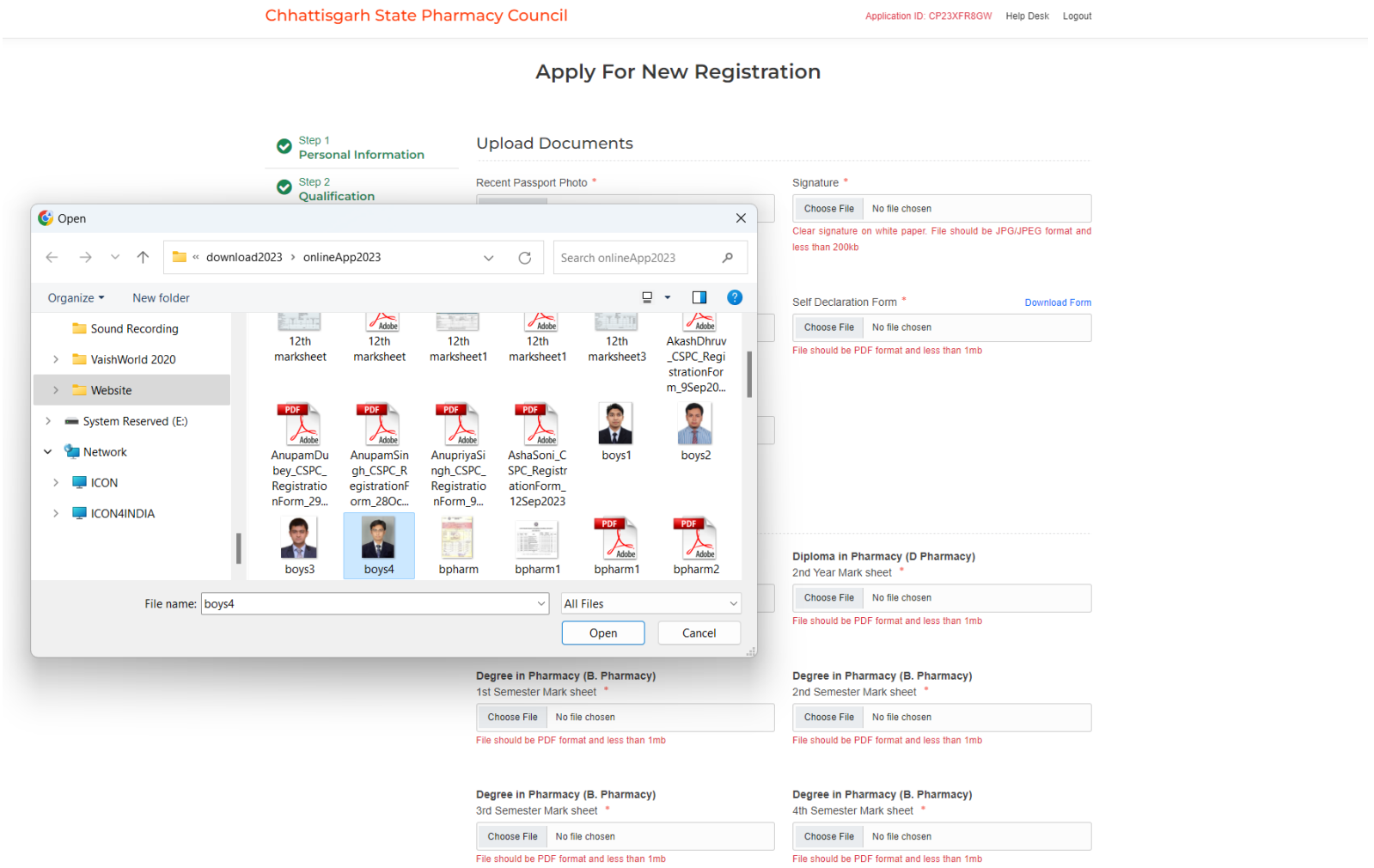
Pharmacy Council Registration No. *: CSPC/20436

FDA License Number

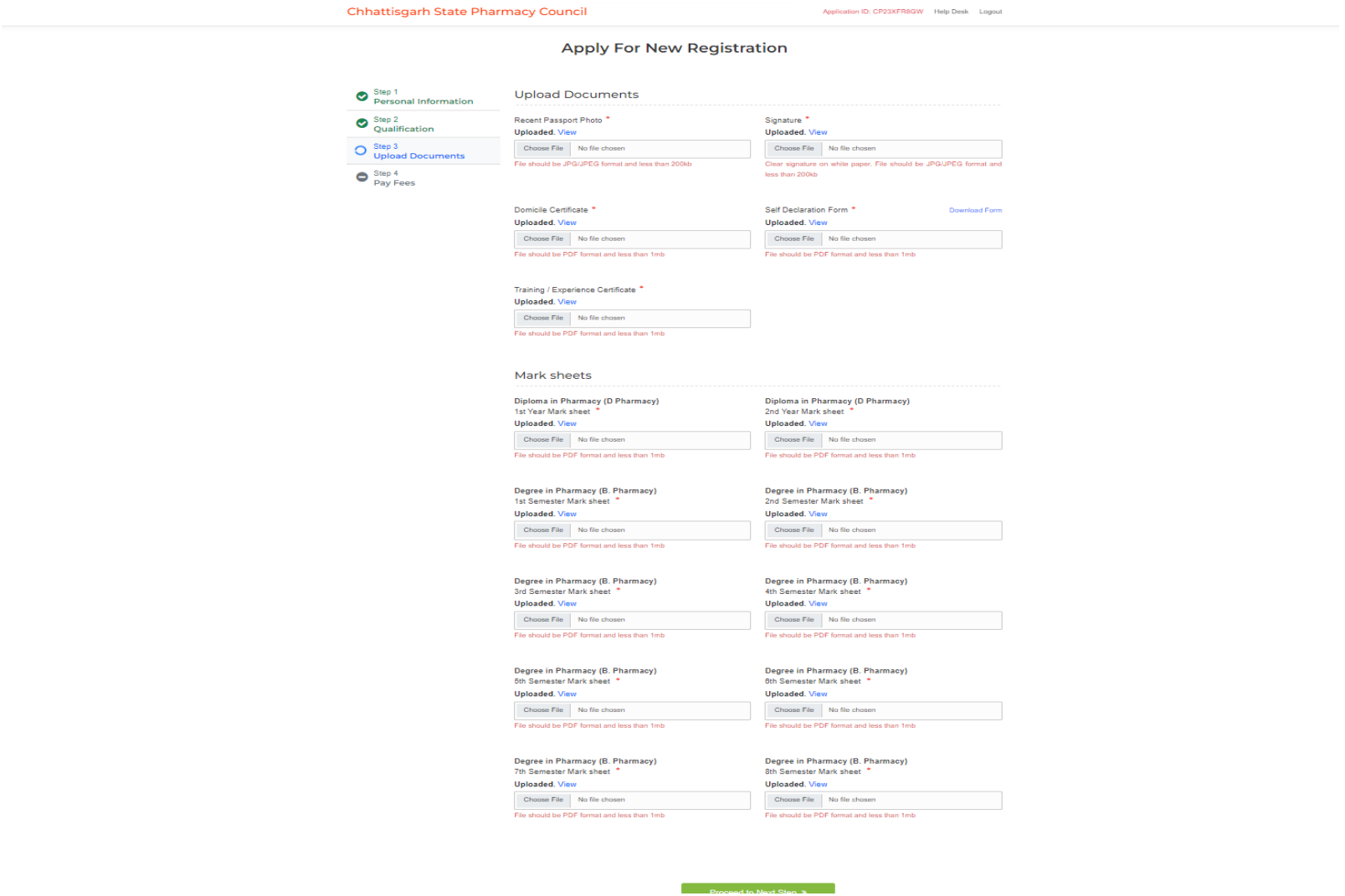
Type	License No.	Date of first issue
20	abncd123456mnb	22-03-2011
21	GPN43678900	30-01-2012
20A	abc1234567	09-04-2012
20B	xyz23456789	18-08-2014
21A	pqr3483456	20-10-2014
21B	License No.	dd-mm-yyyy

Proceed to Next Step »

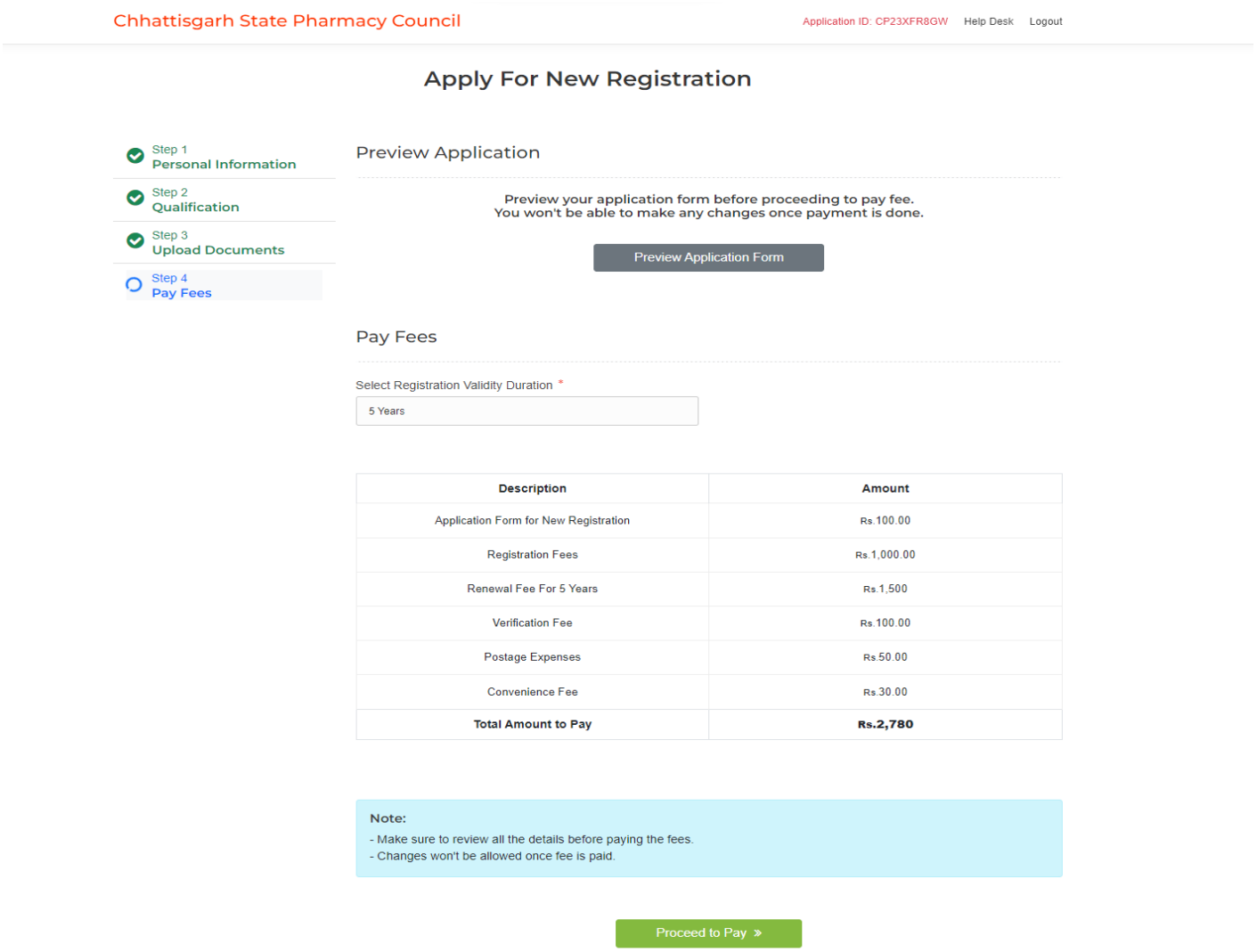
Applicant will upload his Photo and signature in jpg or jpeg format as per mentioned size. Applicant will also upload necessary documents required for registration in PDF format only as per mentioned size. After filling all information, click on PROCEED button.



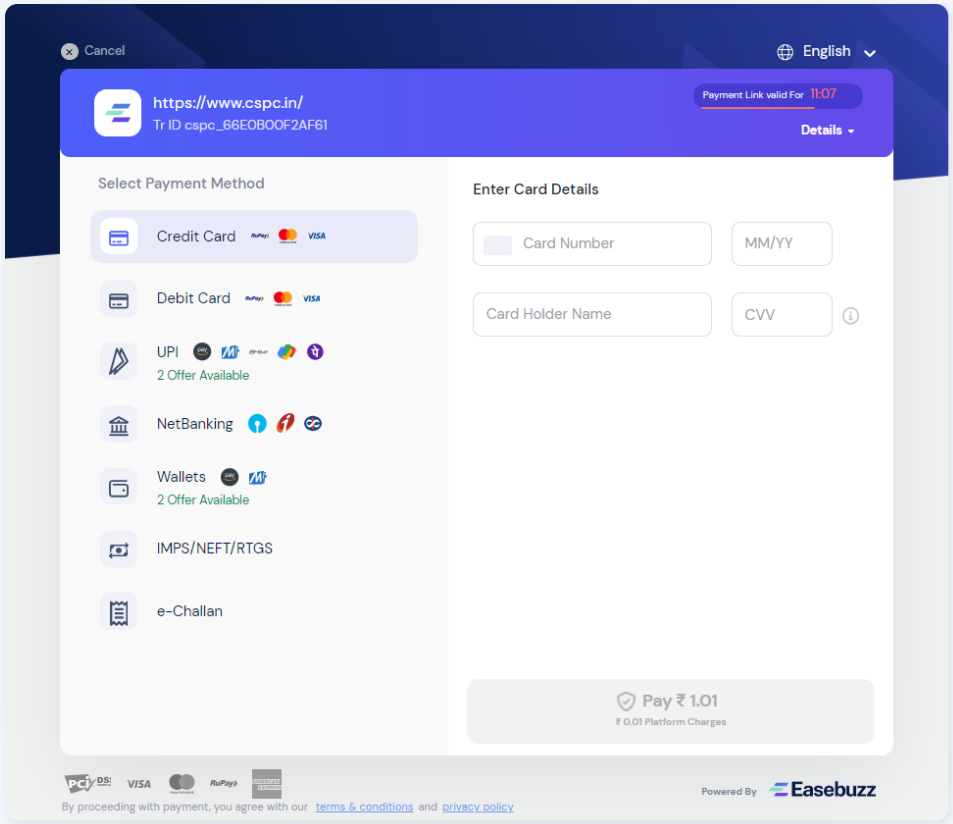
Upload Document: In Upload document page User have to upload his/her photo, signature (as per specification given under Guideline for Photograph and Signature) document of pdf file and click on Upload. After upload, click on PROCEED button.



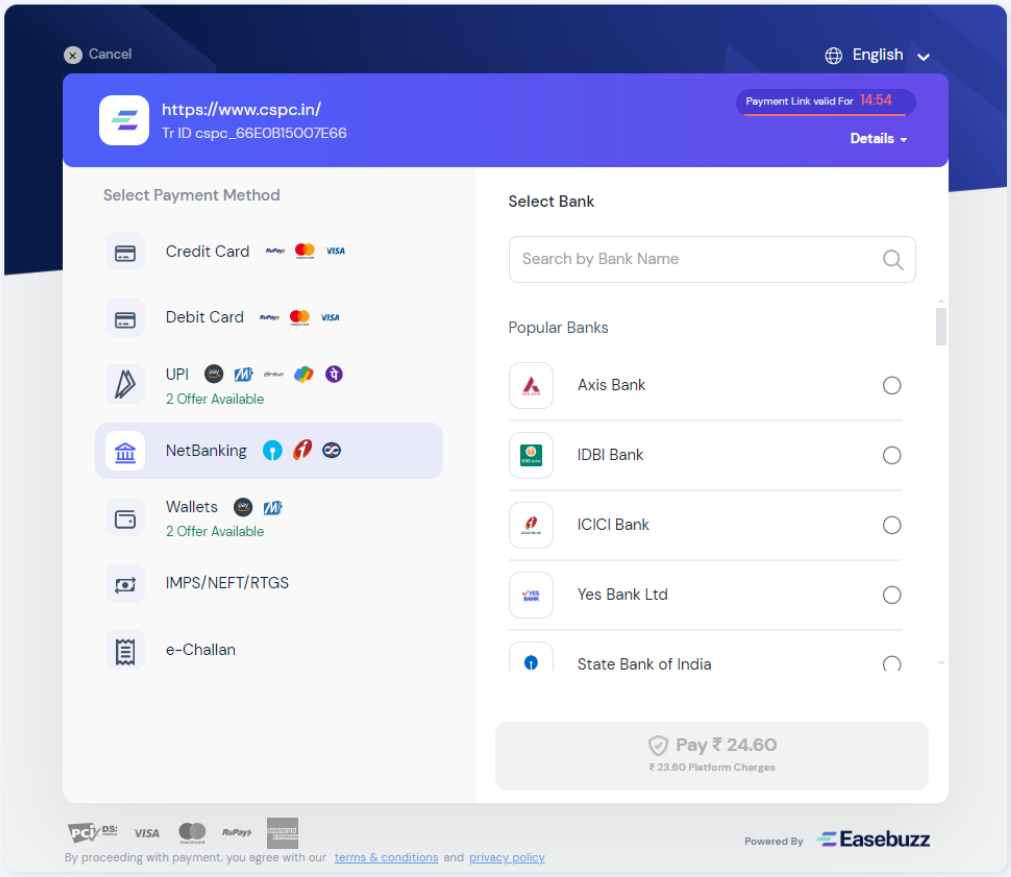
Payment Details: As per online application type, system will calculate fees. Then user have to click on Pay button and user will redirect to payment gateway page on PayG. After filling all information, click on PROCEED button.

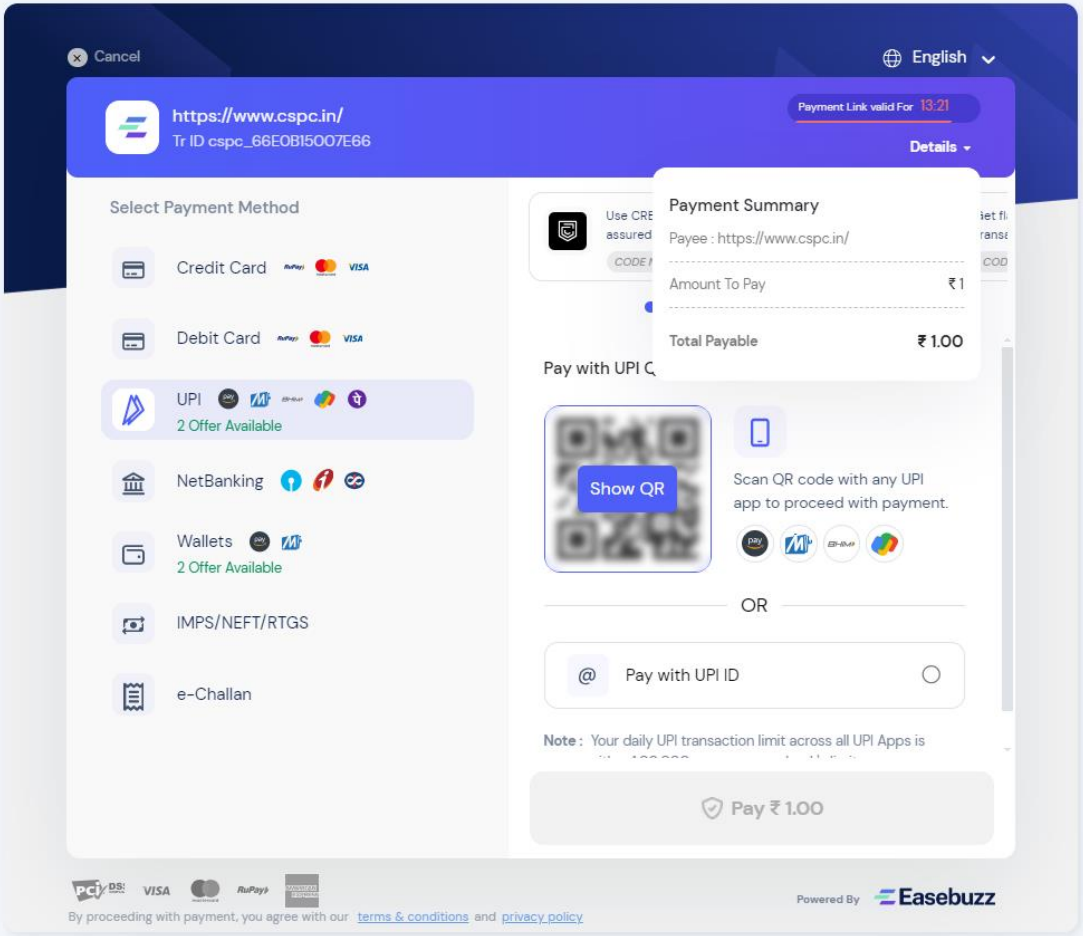


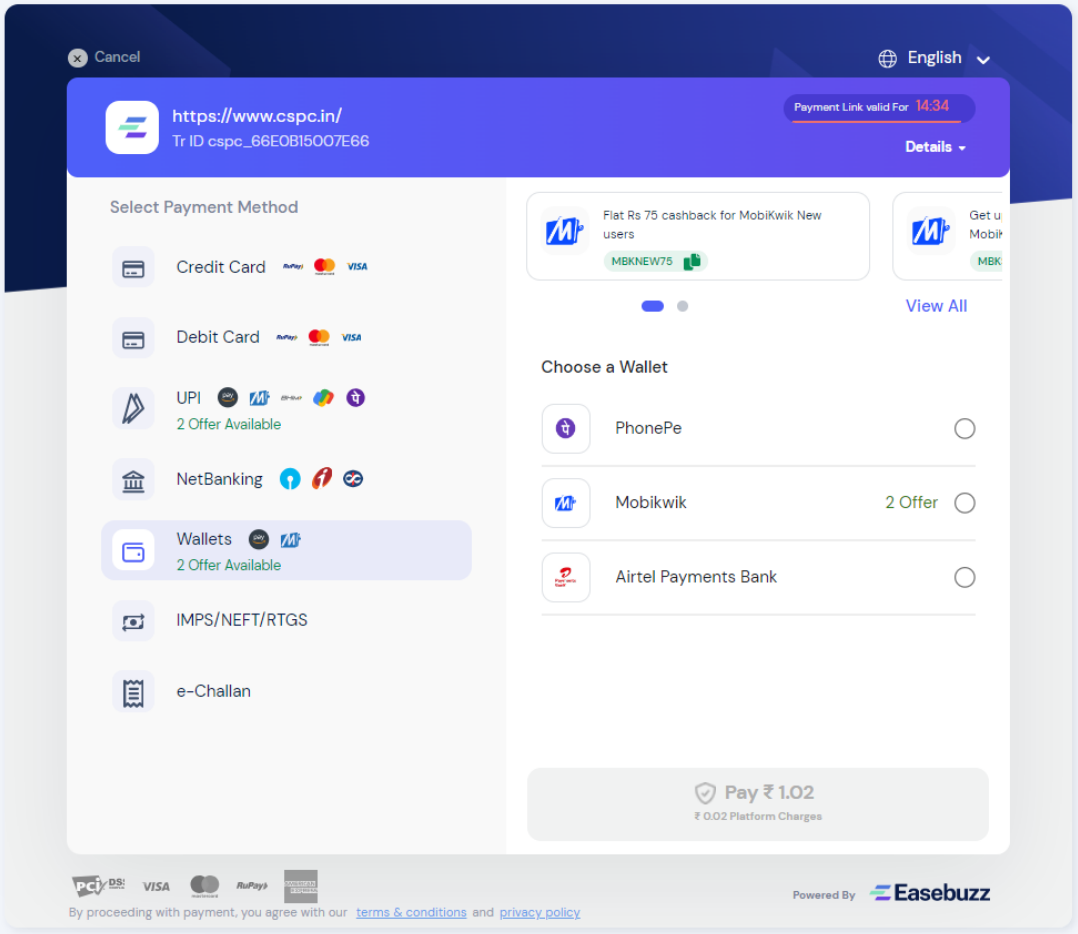
As mentioned above following page will open for making online payment at Easebuzz portal.



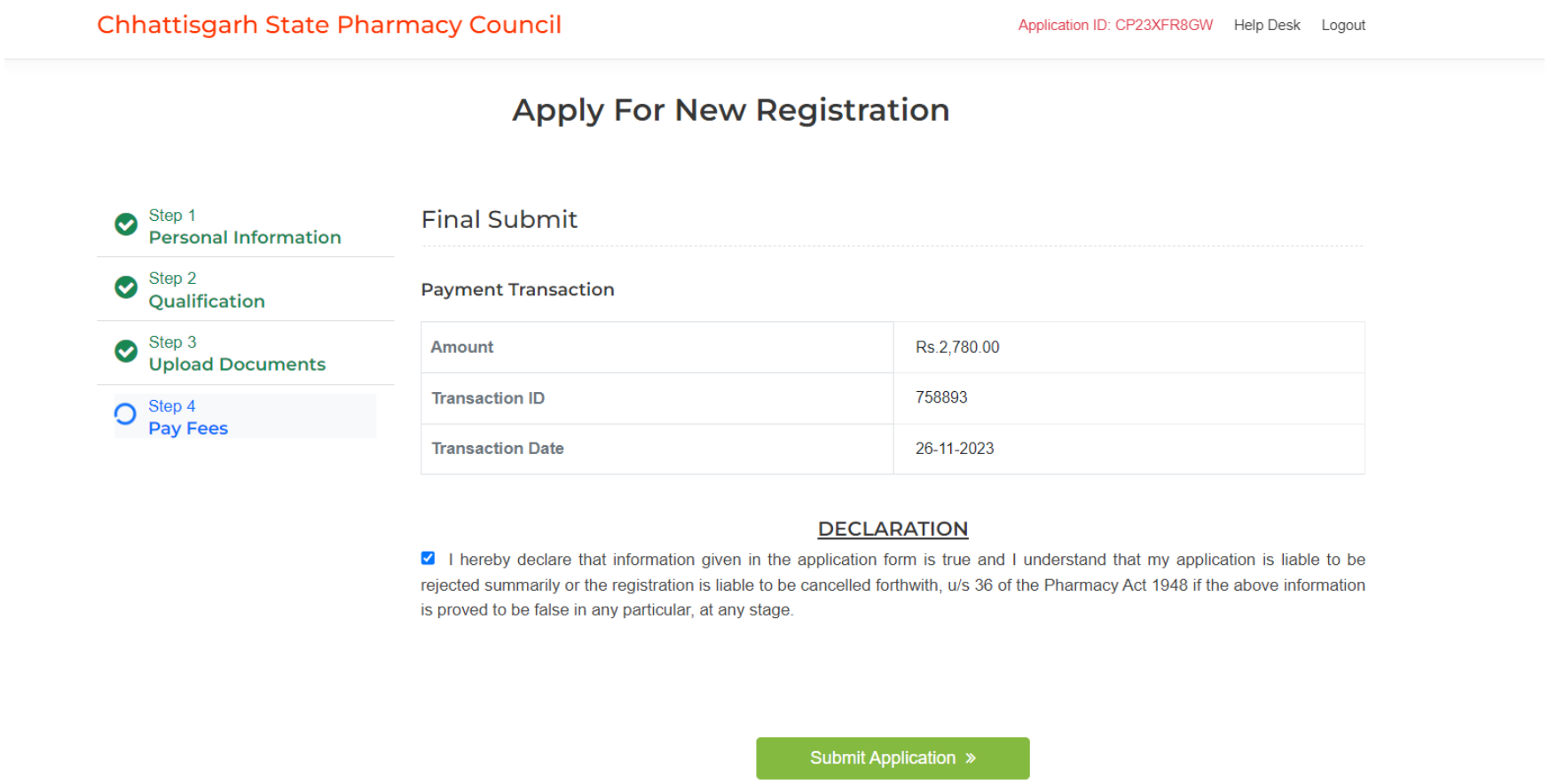
On the Payment details, Applicant will be shown his fees to be paid for the application. Applicant must select mode of payment (Net Banking, Debit Card, UPI, E Wallet) and pay his fees online on Easebuzz Portal.



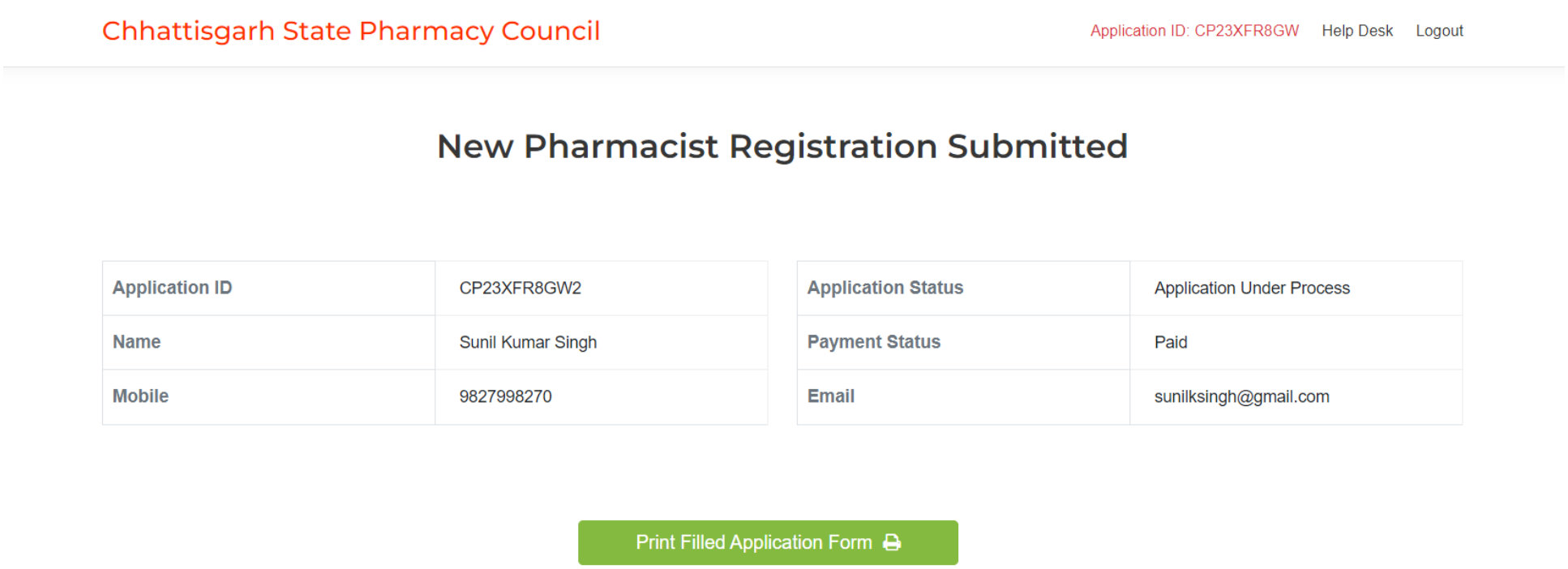

Cancel
English
https://www.cspc.in/
Tr ID cspc_66E0B15007E66
Payment Link valid For 13:21
Details
Select Payment Method
Credit Card
Debit Card
UPI
2 Offer Available
NetBanking
Wallets
2 Offer Available
IMPS/NEFT/RTGS
e-Challan
Payment Summary
Payee : https://www.cspc.in/
Amount To Pay ₹1
Total Payable ₹ 1.00
Pay with UPI Q
Show QR
Scan QR code with any UPI app to proceed with payment.
OR
Pay with UPI ID
Note : Your daily UPI transaction limit across all UPI Apps is
Pay ₹ 1.00
By proceeding with payment, you agree with our terms & conditions and privacy policy
Powered By Easebuzz


Cancel
English
https://www.cspc.in/
Tr ID cspc_66E0B15007E66
Payment Link valid For 14:34
Details
Select Payment Method
Credit Card
Debit Card
UPI
2 Offer Available
NetBanking
Wallets
2 Offer Available
IMPS/NEFT/RTGS
e-Challan
Flat Rs 75 cashback for MobiKwik New users
MBKNEW75
View All
Choose a Wallet
PhonePe
Mobikwik
2 Offer
Airtel Payments Bank
Pay ₹ 1.02
₹ 0.02 Platform Charges
By proceeding with payment, you agree with our terms & conditions and privacy policy
Powered By Easebuzz

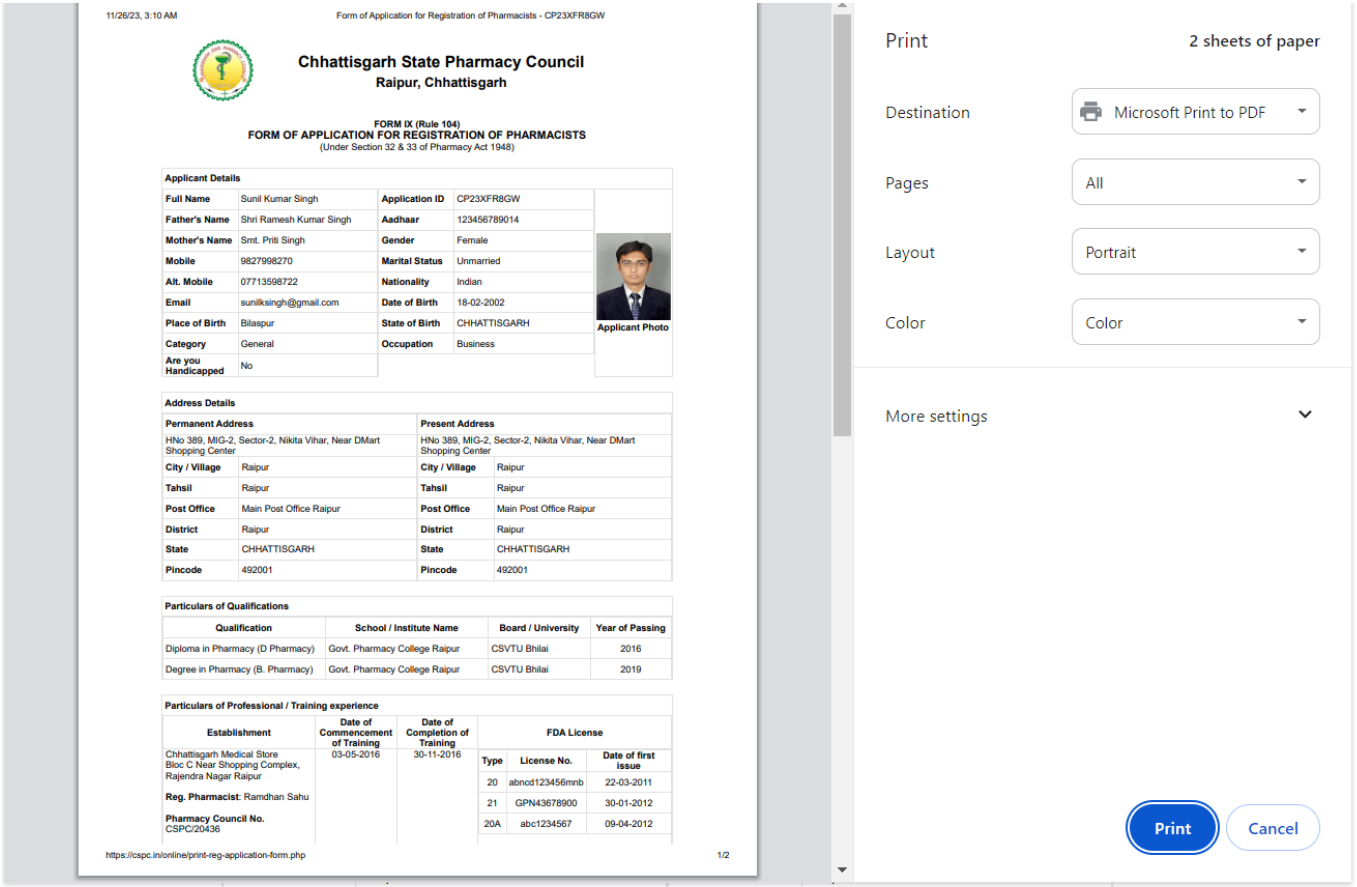
After successful payment of fees, Applicant must confirm his/her online application to be able to process for approval. After select declaration check box, click on SUBMIT button



As shown in above picture STATUS is Complete and User have to click on Print Online Application Form and take a printout of the application form for his future reference. As applicant CONFIRM his/her application, application status will be completed.



Applicants are necessary to take a printout of the online application form for future reference.



11/26/23, 3:10 AM — Form of Application for Registration of Pharmacists - CP23XFR8GW

Chhattisgarh State Pharmacy Council
Raipur, Chhattisgarh

FORM IX (Rule 104)
FORM OF APPLICATION FOR REGISTRATION OF PHARMACISTS
(Under Section 32 & 33 of Pharmacy Act 1948)

Applicant Details

Full Name	Sunil Kumar Singh	**Application ID**	CP23XFR8GW
Father's Name	Shri Ramesh Kumar Singh	**Aadhaar**	123456789014
Mother's Name	Smt. Priti Singh	**Gender**	Female
Mobile	9827998270	**Marital Status**	Unmarried
Alt. Mobile	07713598722	**Nationality**	Indian
Email	sunilksingh@gmail.com	**Date of Birth**	18-02-2002
Place of Birth	Bilaspur	**State of Birth**	CHHATTISGARH
Category	General	**Occupation**	Business
Are you Handicapped	No		

Applicant Photo

Address Details

Permanent Address		**Present Address**	
HNo 389, MIG-2, Sector-2, Nikita Vihar, Near DMart Shopping Center		HNo 389, MIG-2, Sector-2, Nikita Vihar, Near DMart Shopping Center	
City / Village	Raipur	**City / Village**	Raipur
Tahsil	Raipur	**Tahsil**	Raipur
Post Office	Main Post Office Raipur	**Post Office**	Main Post Office Raipur
District	Raipur	**District**	Raipur
State	CHHATTISGARH	**State**	CHHATTISGARH
Pincode	492001	**Pincode**	492001

Particulars of Qualifications

Qualification	School / Institute Name	Board / University	Year of Passing
Diploma in Pharmacy (D Pharmacy)	Govt. Pharmacy College Raipur	CSVTU Bhilai	2016
Degree in Pharmacy (B. Pharmacy)	Govt. Pharmacy College Raipur	CSVTU Bhilai	2019

Particulars of Professional / Training experience

Establishment	Date of Commencement of Training	Date of Completion of Training	FDA License		
			Type	License No.	Date of first issue
Chhattisgarh Medical Store Bloc C Near Shopping Complex, Rajendra Nagar Raipur	03-05-2016	30-11-2016	20	abncd123456mnb	22-03-2011
Reg. Pharmacist: Ramdhan Sahu			21	GPN43678900	30-01-2012
Pharmacy Council No. CSPC/20436			20A	abc1234567	09-04-2012

https://cspc.in/online/print-reg-application-form.php — 1/2

Print — 2 sheets of paper
Destination — Microsoft Print to PDF
Pages — All
Layout — Portrait
Color — Color
More settings
Print | Cancel

State	CHHATTISGARH	**State**	CHHATTISGARH
Pincode	492001	**Pincode**	492001

Particulars of Qualifications

Chhattisgarh State Pharmacy Council
Raipur, Chhattisgarh

FORM IX (Rule 104)
FORM OF APPLICATION FOR REGISTRATION OF PHARMACISTS
(Under Section 32 & 33 of Pharmacy Act 1948)

Applicant Details

Full Name	Sunil Kumar Singh	**Application ID**	CP23XFR8GW
Father's Name	Shri Ramesh Kumar Singh	**Aadhaar**	123456789014
Mother's Name	Smt. Priti Singh	**Gender**	Female
Mobile	9827998270	**Marital Status**	Unmarried
Alt. Mobile	07713598722	**Nationality**	Indian
Email	sunilksingh@gmail.com	**Date of Birth**	18-02-2002
Place of Birth	Bilaspur	**State of Birth**	CHHATTISGARH
Category	General	**Occupation**	Business
Are you Handicapped	No		

Applicant Photo

Address Details

Permanent Address		**Present Address**	
HNo 389, MIG-2, Sector-2, Nikita Vihar, Near DMart Shopping Center		HNo 389, MIG-2, Sector-2, Nikita Vihar, Near DMart Shopping Center	
City / Village	Raipur	**City / Village**	Raipur
Tahsil	Raipur	**Tahsil**	Raipur
Post Office	Main Post Office Raipur	**Post Office**	Main Post Office Raipur
District	Raipur	**District**	Raipur
State	CHHATTISGARH	**State**	CHHATTISGARH
Pincode	492001	**Pincode**	492001

Particulars of Qualifications

Qualification	School / Institute Name	Board / University	Year of Passing
Diploma in Pharmacy (D Pharmacy)	Govt. Pharmacy College Raipur	CSVTU Bhilai	2016
Degree in Pharmacy (B. Pharmacy)	Govt. Pharmacy College Raipur	CSVTU Bhilai	2019

Particulars of Professional / Training experience

Establishment	Date of Commencement	Date of Completion of	FDA License

Particulars of Qualifications

Qualification	School / Institute Name	Board / University	Year of Passing
Diploma in Pharmacy (D Pharmacy)	Govt. Pharmacy College Raipur	CSVTU Bhilai	2016
Degree in Pharmacy (B. Pharmacy)	Govt. Pharmacy College Raipur	CSVTU Bhilai	2019

Particulars of Professional / Training experience

Establishment	Date of Commencement of Training	Date of Completion of Training	FDA License		
			Type	License No.	Date of first issue
Chhattisgarh Medical Store Bloc C Near Shopping Complex, Rajendra Nagar Raipur **Reg. Pharmacist**: Ramdhan Sahu **Pharmacy Council No.** CSPC/20436	03-05-2016	30-11-2016	20	abncd123456mnb	22-03-2011
			21	GPN43678900	30-01-2012
			20A	abc1234567	09-04-2012
			20B	xyz23456789	18-08-2014
			21A	pqr3483456	20-10-2014
			21B		

Domicile Certificate

Certificate No.	Date of Issue	Place of Issue
CG54691	09-07-2012	Bilaspur, CHHATTISGARH

Registration Validity: 5 Years

Payment Details

Mode	Date	Transaction ID	Amount
Online (CreditCard)	26-11-2023	758893	Rs.2,750.00

UNDERTAKING / DECLARATION

I request that my NAME ADDRESS and QUALIFICATION as stated in the accompanying form may be registered under the Pharmacy Act 1948 and that I may be furnished with a Certificate of Registration.

I hereby declare that I have read carefully and understood the instructions and particulars supplied to me and that all the entries in the form are true to the best of my knowledge and belief.

I have enclosed attested copy of all necessary documents and originals will be presented by the whenever called for./s 36 of the Pharmacy Act 1948 if the above information is proved to be false in any particular, at any stage.

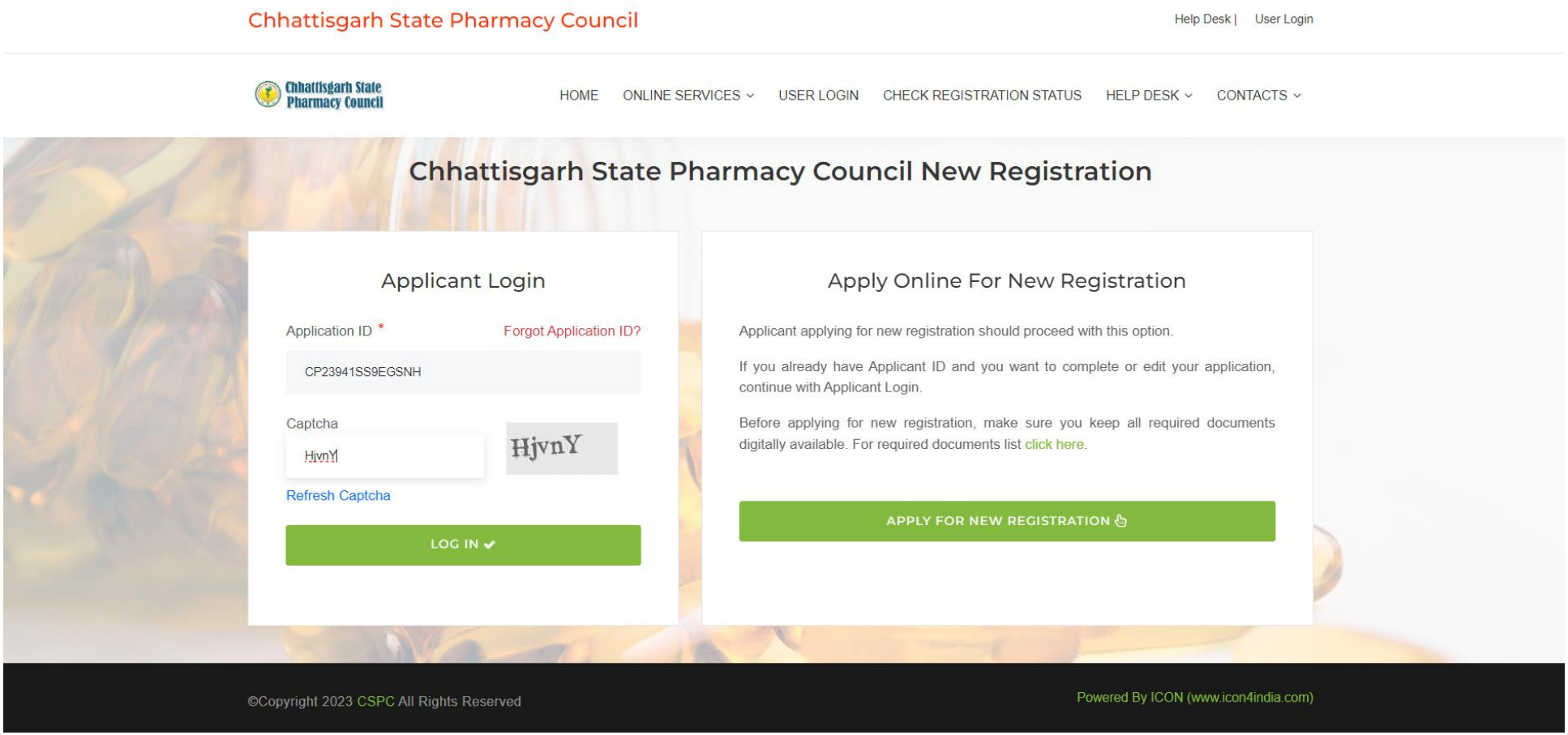
Date: 26-11-2023

Name: Sunil Kumar Singh

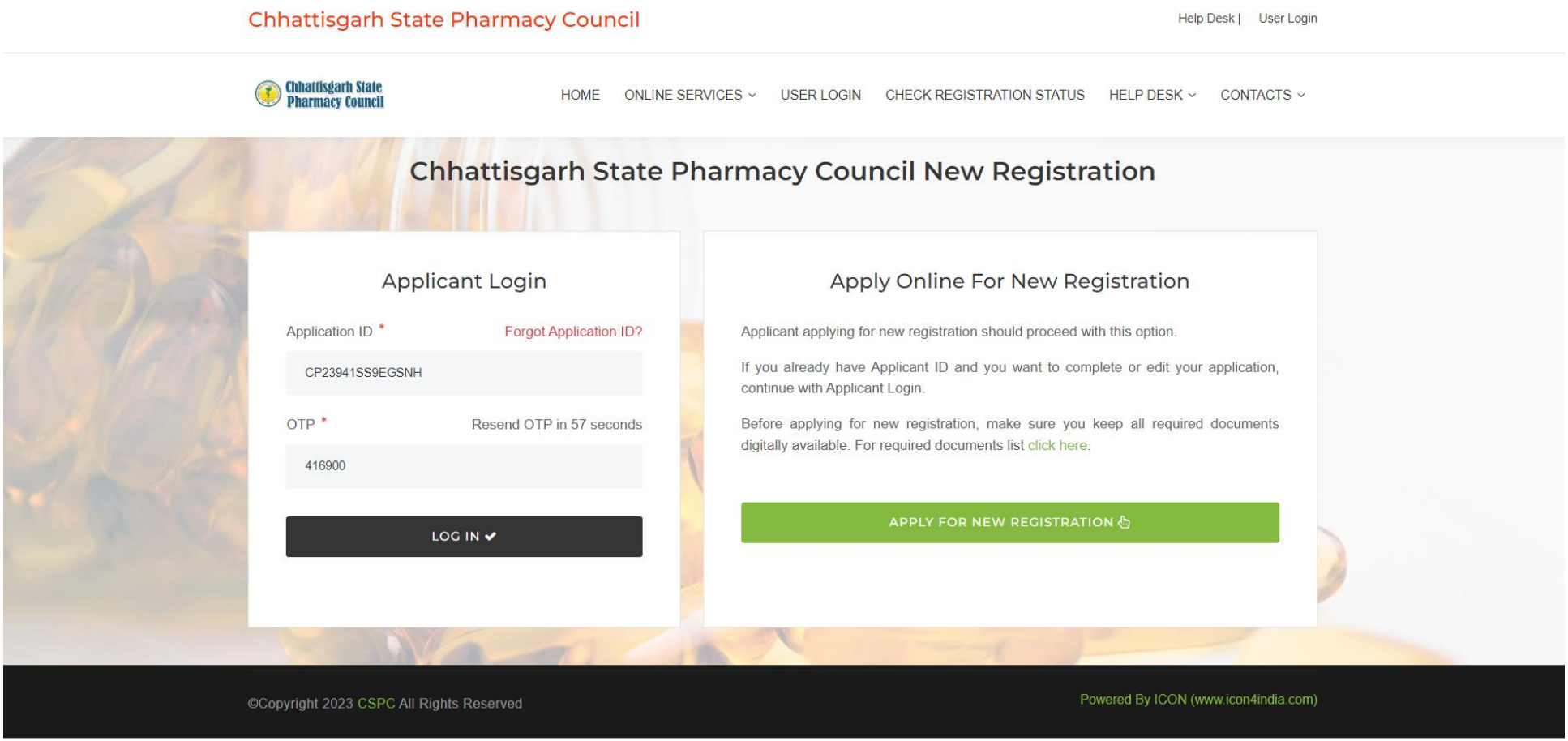
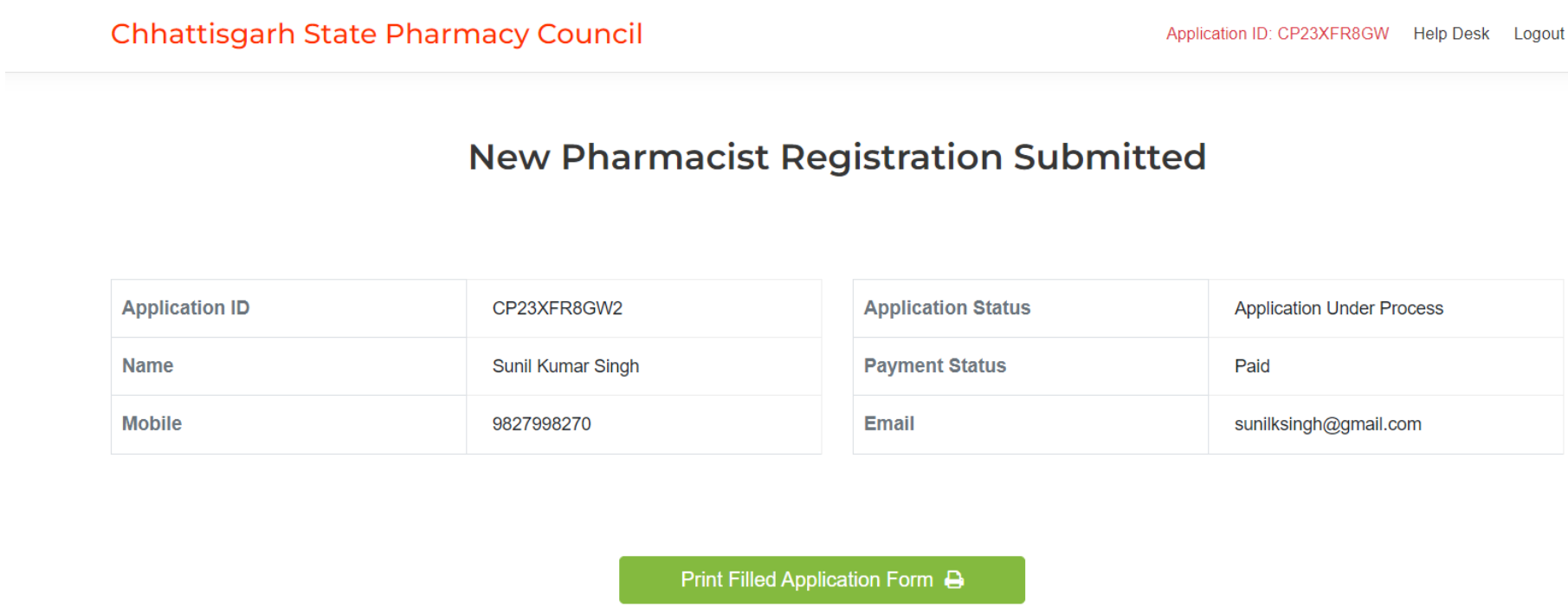
Applicant Sign.

PRINT

Forgot Your Application ID or Incomplete Application Form Enter Your Application ID Then Fill Complete Form. If You Want to Print The Application Form Then Enter The Application ID and Captcha



As system will send OTP (One Time Password) on E-Mail Id and Mobile number. Enter your OPT. After filling OTP, click on Log In button.



Print Option to Your Filled Application Form