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.

Chhattisgarh State	Pharmacy Council	Help Desk User Login
Chhattisgarh State Pharmacy Council	HOME ONLINE SE	ERVICES \sim USER LOGIN CHECK REGISTRATION STATUS HELP DESK \sim CONTACTS \sim
Ch	hattisgarh State P	harmacy Council New Registration
Applic	ant Login	Apply Online For New Registration
Application ID *	Forgot Application ID?	Applicant applying for new registration should proceed with this option.
		If you already have Applicant ID and you want to complete or edit your application, continue with Applicant Login.
Captcha	2E TOP	Before applying for new registration, make sure you keep all required documents
Enter Captcha	2F12B	digitally available. For required documents list click here.
Refresh Captcha		
LC	DG IN 🗸	
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	ts Deserved	Powered By ICON (www.icon4india.com)

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



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।

 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 बैंकिंग 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।

HELP DESK V CONTACTS V

Chhattisgarh State Pharmacy Council

ाम. आउगर जगुरासाद, जानलाइन राजस्ट्रसन कपल Google फ्रान प्राउगर के साथ काथ करता ह 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.

Chhattisgarh	State	Pharmacy	/ Council
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Help Desk

Apply For New Registration

First Name *	Middle Name	Last Name *
Sunil	Kumar	Singh
Aadhaar Number *	Mobile *	Email *
123457890000	9827198271	sunilksingh@gmail.com
Domioilo Stato *	Are you Pharm D (Dector of Pharmaeu) Qualified? *	Are you registered at other state pharmacy council?
Domicie State	Are you Fharm.b (boctor of Fharmacy) Quanned?	
CHHATTISGARH	NO	NO
		SELECT AN OPTION
Create a New Password *	Confirm New Password *	NO
Create a New Password	Confirm New Password	YES
	Proceed to Next Step »	

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.

Help Desk

Verify with OTP For New Registration

Enter OTP received on your mobile number (9827998279) or Email (sunilksingh@gmail.com) *

133407			
133407			

Proceed to Verify »

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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.

Apply For New Registration

O Step 1 Personal Information	Personal Information				
Step 2	First Name *	Middle Name	Last Name *		
Step 3	Sunil	Kumar	Singh		
Upload Documents	Father's/Husband's Name *	Mother's Name *	Gender *		
Step 4 Pay Fees	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.	Ward / Street *	Area *
HNo 389	MIG-2, Sector-2	Nikita Vihar
Landmark *	City / Village *	Tahsil *
Near DMart Shopping Center	Raipur	Raipur
Past Office *	Ctoto *	District *
Post Onice	State	District
Main Post Office Raipur	CHHATTISGARH	Raipur
Pincode *		
492001		
102001		
		_
Present Address		Same as Permanent Address?
Present Address House No.	Ward / Street *	Z Same as Permanent Address?
Present Address House No. HNo 389	Ward / Street * MIG-2, Sector-2	Same as Permanent Address? Area * Nikita Vihar
Present Address House No. HNo 389	Ward / Street * MIG-2, Sector-2	Z Same as Permanent Address? Area * Nikita Vihar
Present Address House No. HNo 389 Landmark *	Ward / Street * MIG-2, Sector-2 City / Village *	Z Same as Permanent Address? Area * Nikita Vihar Tahsil *
Present Address House No. HNo 389 Landmark * Near DMart Shopping Center	Ward / Street * MIG-2, Sector-2 City / Village * Raipur	Same as Permanent Address? Area * Nikita Vihar Tahsil * Raipur
Present Address House No. HNo 389 Landmark * Near DMart Shopping Center	Ward / Street * MIG-2, Sector-2 City / Village * Raipur	Same as Permanent Address? Area * Nikita Vihar Tahsil * Raipur
Present Address House No. HNo 389 Landmark * Near DMart Shopping Center Post Office *	Ward / Street * MIG-2, Sector-2 City / Village * Raipur State *	Same as Permanent Address? Area * Nikita Vihar Tahsil * Raipur District *
Present Address House No. HNo 389 Landmark * Near DMart Shopping Center Post Office * Main Post Office Raipur	Ward / Street * MIG-2, Sector-2 City / Village * Raipur State * CHHATTISGARH	Same as Permanent Address? Area * Nikita Vihar Tahsil * Raipur District * Raipur
Present Address House No. HNo 389 Landmark * Near DMart Shopping Center Post Office * Main Post Office Raipur Pincode *	Ward / Street * MIG-2, Sector-2 City / Village * Raipur State * CHHATTISGARH	Same as Permanent Address? Area * Nikita Vihar Tahsil * Raipur District * Raipur
Present Address House No. HNo 389 Landmark * Near DMart Shopping Center Post Office * Main Post Office Raipur Pincode * 492001	Ward / Street * MIG-2, Sector-2 City / Village * Raipur State * CHHATTISGARH	Same as Permanent Address? Area * Nikita Vihar Tahsil * Raipur District * Raipur

Proceed to Next Step >

Application ID: CP23XFR8GW Help Desk Logout

Apply For New Registration

Step 1 Personal Information	Particulars of Qualification	ons	
C Step 2 Qualification	10th (Mandatory)		
Step 3	Name of Institution *	Board / University *	Year of Passing *
Step 4 Pay Fees	Govt. Middile 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 Pharm	nacy)	
	Name of Institution	Board / University	Year of Passing
	Govt. Pharmacy College Raipur	CSVTU Bhilai	2016
	Course Structure *		
	Year		
	Degree in Pharmacy (B. Pharma	acy)	
	Name of Institution	Board / University	Year of Passing
	Govt. Pharmacy College Raipur	CSVTU Bhilai	2019
	Course Structure *		
	Semester		

Mark sheets



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

Choose file No file chosen

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

Choose file	No file chosen

File should be PDF format and less than 1mb

File should be PDF format and less than 1mb

Diploma in Pharmacy (D Pharmacy) 3rd Semester Mark sheet		Diploma in Pharmacy (D Pharmacy) 4th Semester Mark sheet		
Choose file No file chosen		Choose file No file chosen		
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File should be PDF format and less than 1mb

D. Pharma Exit Exam Result

0

Choose file No file chosen

File should be PDF format and less than 1mb

Particulars of Professional / Training experience

Name of Establishment * Chhattisgarh Medical Store			Establishment Address * Bloc C Near Shopping Complex, Rajendra Nagar Raipur		
03-05-2016		30-11-2016		Yes	
Name of Registered Pharmad	cist *		Pharmacy Council	Registration No. *	
Ramdhan Sahu			CSPC/20436		

FDA License Number						
Туре	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.

Chhattisgarh State Phar	macy Council	Application ID: CP23XFR8GW Help Desk Logout
	Apply For New Registra	tion
Step 1 Personal Information	Upload Documents	
Step 2	Recent Passport Photo *	Signature *
Open	×	Choose File No file chosen
$ \rightarrow$ \checkmark \uparrow \blacksquare « download2023 \rightarrow onlineApp2023	✓ C Search onlineApp2023 ₽	Clear signature on white paper. File should be JPG/JPEG format and less than 200kb
Drganize 🝷 New folder	□ • □ 3	Self Declaration Form * Download Form
Sound Recording	Adobe	Choose File No file chosen
> VaishWorld 2020 VaishWorld 2020 Marksheet ma	heet1 marksheet1 marksheet3 _CSPC_Regi	File should be PDF format and less than 1mb
> 🔁 Website	m_9Sep20	
System Reserved (E:) POF		
Network AnupamDu AnupamSin	iyaSi AshaSoni_C boys1 boys2	
> ICON Registratio egistration F Regist	ratio ationForm_	
> ICON4INDIA	PDF PDF PDF	
	Adobe	Diploma in Pharmacy (D Pharmacy)
boys3 boys4 bpha	arm bpharm1 bpharm1 bpharm2	2nd Year Mark sheet *
File name: boys4	All Files V	Choose File No file chosen
	Open Cancel	
	Degree in Pharmacy (B. Pharmacy) 1st Semester Mark sheet *	Degree in Pharmacy (B. Pharmacy) 2nd Semester Mark sheet *
	Choose File No file chosen	Choose File No file chosen
	File should be PDF format and less than 1mb	File should be PDF format and less than 1mb
	Degree in Pharmacy (B. Pharmacy) 3rd Semester Mark sheet	Degree in Pharmacy (B. Pharmacy) 4th Semester Mark sheet
	ora comotor mark shout	Hir Computer mark affect

File should be PDF format and less than 1mb

File should be PDF format and less than 1mb

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.

Chhattisgarh State Pha	rmacy Council	Application ID: CP23XFR8GW Help Desk Logout
	Apply For New Registr	ation
Personal Information	Upload Documents	
Step 2 Qualification	Recent Passport Photo * Uploaded. View Choose File No file chosen	Signature Uploaded. View Choose File No file chosen
Step 4 Pay Fees	File should be JPG/JPEG format and less than 200kb	Clear signature on while paper. File should be JPGJPEQ format and less than 2006
	Domicile Certificate * Uploaded. View	Self Declaration Form * Download Form Uploaded. View
	Choose File No file chosen File should be PDF format and less than 1mb	Choose Title No file chosen File should be POF format and less than 1mb
	Training / Experience Certificate * Uploaded. View	
	Choose He No file chosen File should be PDF format and less than 1mb	
	Mark sheets	
	Diploma in Pharmacy (D Pharmacy) 1st Year Mark sheet * Uploaded. View	Diploma in Pharmacy (D Pharmacy) 2nd Year Mark Sheet * Uploaded. View
	Choose File No file chosen File should be PDF format and less than 1mb	Choose File No file chosen File should be POF format and less than 1mb
	Degree in Pharmacy (B. Pharmacy) 1st Semester Mark sheet * Uploaded. View	Degree in Pharmacy (B. Pharmacy) 2nd Semeaster Mark sheet * Uploaded. //dev
	Choose File No file chosen File should be PDF format and less than 1mb	Choose File No file chosen File should be PDF format and less than 1mb
	Degree in Pharmacy (B. Pharmacy) 3rd Semester Mark sheet * Uploaded. View	Degree in Pharmacy (B. Pharmacy) 4th Semester Mark sheet * Uploaded. View
	Choose File No file chosen File should be PDF format and less than 1mb	Choose File No file choosen File should be PDF format and less than tmb
	Degree in Pharmacy (B. Pharmacy) 5th Semester Mark sheet * Uploaded. View	Degree in Pharmacy (B. Pharmacy) 0h Semester Mark sheet * Uploaded, Vew
	Choose File No file chosen File should be PDF format and less than 1mb	Choose File No file chosen File should be POF format and less than 1mb
	Degree in Pharmacy (B. Pharmacy) 7th Semester Mark sheet *	Degree in Pharmacy (8, Pharmacy) Bih Semester Mark sheet *
	Choose File No file chosen File should be PDF format and less than 1mb	Upcases. view Choose File No file chosen File should be OF format and less than 1mb

Proceed to Next Step 3

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.

Chhattisgarh State Pha	armacy Council	Application ID: CP23XFR8GW Help Desk Logo
	Apply For New Registrat	tion
Step 1 Personal Information	Preview Application	
Step 2 Qualification	Preview your application form You won't be able to make any	before proceeding to pay fee. changes once payment is done.
Step 3 Upload Documents	Preview App	lication Form
O Step 4 Pay Fees		
	Pay Fees	
	Select Registration Validity Duration *	
	5 Years	
	Description	Amount
	Application Form for New Registration	Rs.100.00
	Registration Fees	Rs.1,000.00
	Renewal Fee For 5 Years	Rs.1,500
	Verification Fee	Rs.100.00
	Postage Expenses	Rs.50.00
	Convenience Fee	Rs.30.00
	Total Amount to Pay	Rs.2,780

Note: - Make sure to review all the details before paying the fees. - Changes won't be allowed once fee is paid.

Proceed to Pay »

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.







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

Chhattisgarh State Pharmacy Council

Application ID: CP23XFR8GW Help Desk Logout

Apply For New Registration

0	Step 1 Personal Information	Final Submit		
0	Step 2 Qualification	Payment Transaction		
0	Step 3 Upload Documents	Amount	Rs.2,780.00	
0	Step 4	Transaction ID	758893	
-	Pay Fees	Transaction Date	26-11-2023	

DECLARATION

I hereby declare that information given in the application form is true and I understand that my application is liable to be rejected summarily or the registration is liable to be cancelled forthwith, u/s 36 of the Pharmacy Act 1948 if the above information is proved to be false in any particular, at any stage.

Submit Application »

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.

Chhattisgarh State Pharmacy Council

Application ID: CP23XFR8GW Help Desk Logout

New Pharmacist Registration Submitted

Application ID	CP23XFR8GW2	Application Status	Application Under Process
Name	Sunil Kumar Singh	Payment Status	Paid
Mobile	9827998270	Email	sunilksingh@gmail.com

Print Filled Application Form

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

	Сн	nhattisgarl Ra	n State Pha	rmacy Council				Print	2 sheets of p
~	FORM OF AP	FOR PLICATION FO (Under Section 3	IM IX (Rule 104) IR REGISTRATIC 2 & 33 of Pharmacy	ON OF PHARMACISTS Act 1948)	1			Destination	Hicrosoft Print to PDF
Applicant Det	Applicant Details							Pages	All
Full Name	Sunil Kumar Singt	n Ap	oplication ID CP2	3XFR8GW				. ugus	
Father's Nam	Bhri Ramesh Kum	ar Singh Aa	idhaar 123	456789014					
Mother's Nam	e Smt. Priti Singh	Ge	ender Fem	ale	-			Laurent	Destabilit
Mobile	9827998270	Ma	arital Status Unm	narried	00			Layout	Portrait
Alt. Mobile	07713598722	Na	tionality India	n					
Email	sunilksingh@gmai	il.com Da	te of Birth 18-0	2-2002					
Place of Birth	Bilaspur	St	ate of Birth CHH	ATTISGARH	Applicant Photo			Color	Color
Category	General	00	ccupation Busi	ness					
Are you Handicapped	No								
Address Deta	lls								
Permanent Ac	idress		Present Add	ress				More settings	
HNo 389, MIG Shopping Cen	-2, Sector-2, Nikita Vit ler	har, Near DMart	HNo 389, MI Shopping Ce	G-2, Sector-2, Nikita Vihar, nter	Near DMart				
City / Village	Raipur		City / Village	Raipur					
Tahsil	Raipur		Tahsil	Raipur					
Post Office	Main Post Office F	Raipur	Post Office	Main Post Office Raip	bur				
District	Raipur		District	Raipur					
State	CHHATTISGARH		State	CHHATTISGARH					
Pincode	492001		Pincode	492001					
Particulars of	Qualifications								
Dislama is Dis	anneation	Cent Dharman	College Daisur	COV/TLL Dollari	Tear of Passing				
Degree in Pho	macy (D mannacy)	Govt Pharmac	v College Raipur	CSVTU Bhilai	2010				
begred in Pha	acy (o. r namiacy)	Son narmac	y oonge napal	STITU Dimai	2010				
Particulars of	Professional / Traini	ng experience	Data of						
Esta	blishment	Commencement of Training	Completion of Training	FDA Lice	ense				
Chhattisgarh M Bloc C Near S	ledical Store hopping Complex,	03-05-2016	30-11-2016	Type License No.	Date of first issue				
Rajendra Naga	ar Raipur			20 abnod123456mnb	22-03-2011				
Reg. Pharmac	list: Ramdhan Sahu			21 GPN43678900	30-01-2012				
CSPC/20436	unun NO.			20A abc1234567	09-04-2012				(Print) Canc
https://cspc.in/online/print-reg-	application-form.php					1/2	+		
	State	CUL	ATTISCAD	н		State	СНИАТТ	FISCADH	

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 Detail	S			
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	1.1
Alt. Mobile	07713598722	Nationality	Indian	
Email	sunilksingh@gmail.com	Date of Birth	18-02-2002	
Place of Birth	Bilaspur	State of Birth	CHHATTISGARH	App
Category	General	Occupation	Business	
Are you Handicapped	No			

Permanent Add	ress	Present Address			
HNo 389, MIG-2 Shopping Center	, Sector-2, Nikita Vihar, Near DMart	HNo 389, MIG-2, Sector-2, Nikita Vihar, Near DMa 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		

Particular	s of Qua	lifications	

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

	Date of	Date of	
E - 4 - b H - b 4	A	Commission of	EDA Lissues
Establishment	Commencement	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 Lice	nse
Chhattisgarh Medical Store 03-05-201 Bloc C Near Shopping Complex, Rajendra Nagar Raipur Reg. Pharmacist: Ramdhan Sahu Pharmacy Council No. CSPC/20436	03-05-2016	30-11-2016	Туре	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		

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

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

Chhattisgarh State	Pharmacy Council	Help Desk User Lo	gin
(intersection) Chhattisgarh State Pharmacy Council	HOME ONLINE SE	ERVICES \sim USER LOGIN CHECK REGISTRATION STATUS HELP DESK \sim CONTACTS \sim	,
Ch	hattisgarh State P	harmacy Council New Registration	
Applic	ant Login	Apply Online For New Registration	
Application ID *	Forgot Application ID?	Applicant applying for new registration should proceed with this option.	
CP23941SS9EGSNH		If you already have Applicant ID and you want to complete or edit your application, continue with Applicant Login.	
Captcha HivnY	HjvnY	Before applying for new registration, make sure you keep all required documents digitally available. For required documents list click here.	
Refresh Captcha	DG IN 🖌	APPLY FOR NEW REGISTRATION 🗄	
	0		
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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.

Chhattisga	arh State Pharmacy Council	Help Desk User Login
(i) Chhatlisgarh Pharmacy Co	State HOME ONLINE S uncil	SERVICES - USER LOGIN CHECK REGISTRATION STATUS HELP DESK - CONTACTS -
511M	Chhattisgarh State F	Pharmacy Council New Registration
Application	Applicant Login	Apply Online For New Registration Applicant applying for new registration should proceed with this option.
CP23941	SS9EGSNH	If you already have Applicant ID and you want to complete or edit your application, continue with Applicant Login.
OTP * 416900	Resend OTP in 57 seconds	Before applying for new registration, make sure you keep all required documents digitally available. For required documents list click here.
and the second	LOG IN 🗸	APPLY FOR NEW REGISTRATION
	Name	

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Chhattisgarh State Pharmacy Council

Application ID: CP23XFR8GW Help Desk Logout

New Pharmacist Registration Submitted

Application ID	CP23XFR8GW2	Application Status	Application Under Process
Name	Sunil Kumar Singh	Payment Status	Paid
Mobile	9827998270	Email	sunilksingh@gmail.com

Print Filled Application Form