User Manual

for

Online Renewal Pharmacist Registration System of

Chhattisgarh State Pharmacy Council

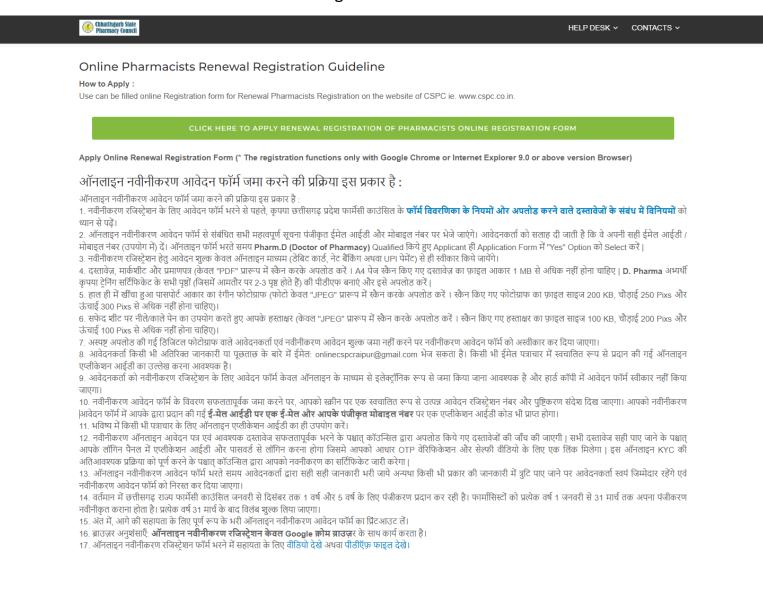
Website: www.cspc.in

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

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

| Chhattisgarh State Pharmacy Council | | HELP DESK ~ CONTACT |
|--|--|---|
| Chh | attisgarh State P | Pharmacy Council New Registration |
| Applica | nt Login | Apply Online For New Registration |
| | icant ID and you want to ation, renew your application, n. | Applicant applying for new registration should proceed with this option. Before applying for new registration, make sure you keep all required documents digitally available. For required documents list click here. |
| Application ID * | Forgot Application ID? | apply for new registration & |
| Password * | Forgot Password? | |
| Contains | | Apply Online For Renewal |
| Captcha Enter Captcha | cjY3u | Applicant applying for renewal should proceed with this option. |
| Refresh Captcha | | Before applying for renewal, make sure you keep all required documents digitally available. For required documents list click here. |
| LOG | IN 🛩 | APPLY FOR RENEWAL |

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



Online Renewal Admission Form Process :

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

1. Before filling out the application form for renewal 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 renewal application form will be sent to the registered email ID and mobile number. Applicants are advised to provide their correct email ID/mobile number for use. While filling the online form, only **Pharm.D** (Doctor of Pharmacy) qualified applicants should select "Yes" option in the application form.

3. Application fees for renewal 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. **D. Pharma** applicant please make PDF of all pages of Training Certificate (Which usually has 2-3 pages) and Upload it.

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 renewal application form will not be accepted without the payment of the renewal 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 renewal application form electronically only through online means, and hard copies of the application form will not be accepted.

10. After successfully submitting the renewal application form details, you will receive an automatically generated renewal 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. After successfully filling the renewal online application form and required documents, the uploaded documents will be verified by the council. After all the documents are found correct, you will have to login to your login panel with application ID and password, wherein you will get a link for Aadhaar OTP verification and selfie video. After completing this mandatory online KYC process, the council will issue you a renewal certificate.

13. Ensure that all information provided by the applicant is accurate and complete while filling out the online renewal application form. Any errors found in the information may result in the rejection of the renewal application form, and the applicant will be held responsible.

14. At present, Chhattisgarh State Pharmacy Council is providing registration for 1 year and 5 years from January to December. Pharmacists have to renew their registration from 1 January to 31 March every year. Late fee will be charged after 31 March every year.

15. Finally, take a printout of the fully filled online renewal application form for future reference.

16. Browser Recommendations: Online renewal registration works best with the Google Chrome browser only.

17. For assistance in filling out the online renewal 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 renewal registration process and keep yourself in mobile network and internet to register yourself. After filling all information, click on PROCEED button.

| | Apply For Re | newal | | |
|-------------------------|------------------------|-------|---------------------|--|
| Registration No * | Registration Date * | | Date of Birth * | |
| 44211 | 10-04-2018 | | 24-08-1996 | |
| Aadhaar Number * | Mobile * | | Email * | |
| 987654321321 | 9826198265 | | romitJain@gmail.com | |
| Create a New Password * | Confirm New Password * | | | |
| ***** | ••••• | | | |

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.

| | Chhattisgarh | State | Pharmacy | Council |
|--|--------------|-------|----------|---------|
|--|--------------|-------|----------|---------|

Help Desk

| Verify with OI | TP For Registration | Renewal |
|----------------|----------------------------|---------|
|----------------|----------------------------|---------|

Enter OTP received on your mobile number (9826198265) or Email (romitJain@gmail.com) *

| 1234 | | |
|------|---------------------|---|
| | | |
| | | 1 |
| | Proceed to Verify » | |

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

Apply For Renewal

- O Step 1 Personal Information
- Step 2 Qualification
- Step 3 Upload Documents

Step 4 Pay Fees

| Registration No. * | Registration Date * | Registration Validity * |
|--------------------------------------|--|-----------------------------|
| 44211 | 04-10-2018 | 31-12-2022 |
| Name should match with your previous | iously registered name: Romit Kumar Jain | |
| First Name * | Middle Name | Last Name * |
| Romit | Kumar | Jain |
| Father's/Husband's Name * | Mother's Name * | Gender * |
| Shri Pratap Kumar Jain | Shrimati Reena Jain | Male |
| Marital Status * | Nationality * | Aadhaar Number * |
| Unmarried | Indian | 987654321321 |
| Mobile * | Alternate Mobile | Email * |
| 9826198265 | 9826298262 | romitJain@gmail.com |
| Date of Birth * | Place of Birth | State of Birth |
| 24-08-1996 | Raipur | CHHATTISGARH |
| Domicile Certificate No. | Date of Issue (Domicile) * | Place of Issue (Domicile) * |
| CG854930 | 20-06-2011 | Raipur |
| Domicile State | Category * | Are you Handicapped? * |
| CHHATTISGARH | General | No |
| Present Occupation | Current Organization / Employer Name | : |
| Community Pharmacist (Medical Store) | Romit Kumar Medical Store | |

Permanent Address

This is your existing permanent address:

429/72, Ward No. 22, Samta Colony Raipur, Near Sunil Kirana Store, Main Road Samta Colony, Raipur, Tahsil- Raipur, Po-Main Post Office District- Raipur, Chhattisgarh - 492001

1 If you wish to change/update your address, please select "Update Existing Permanent Address" option.

Update Existing Permanent Address

| House No. | Ward / Street * | Area * |
|-------------------------|------------------|------------------------|
| Makan No 35/378 | Ward No 35 | Main Road Samta Colony |
| Landmark * | City / Village * | Tahsil * |
| Near Shiv Temple | Raipur | Raipur |
| Post Office * | State * | District * |
| Main Post Office Raipur | CHHATTISGARH | Raipur |

Pincode *

492001

Present Address

Same as Permanent Address?

| House No. | Ward / Street * | Area * |
|-------------------------|------------------|------------------------|
| Makan No 35/378 | Ward No 35 | Main Road Samta Colony |
| Landmark * | City / Village * | Tahsil * |
| Near Shiv Temple | Raipur | Raipur |
| Post Office * | State * | District * |
| Main Post Office Raipur | CHHATTISGARH | Raipur |
| Pincode * | | |

492001

Apply For Renewal

| 0 | Step 1 Personal Information | Particulars of Qualificatio | ns | |
|---|---------------------------------------|---|---------------------------|-------------------|
| 0 | Step 2 Qualification | 10th (Mandatory) | | |
| • | Step 3 Upload Documents | Name of Institution * | Board / University * | Year of Passing * |
| | · · · · · · · · · · · · · · · · · · · | Govt. Middile School, Raipur | Chhattisgarh Board Raipur | 2014 |
| 0 | Step 4 Pay Fees | Looks good! | Looks good! | Looks good! |
| | | 11th / 12th / HSC (Mandatory) | | |
| | | Name of Institution * | Board / University * | Year of Passing * |
| | | Govt. Higher Secondary School Rai; | CG Board of Chhattisgarh | 2016 |
| | | Looks good! | Looks good! | Looks good! |
| | | | | |
| | | Diploma in Pharmacy (D Pharma | асу) | |
| | | Fill in the details of this qualification o Leave the fields blank if not applicable | | |
| | | Name of Institution | Board / University | Year of Passing |
| | | Govt. Pharmacy College Raipur | CSVTU Bhilai | 2018 |
| | | Looks good! | Looks good! | Looks good! |
| | | Course Structure * | | |
| | | Semester 🗸 | | |
| | | Looks good! | | |
| | | | | |

Particulars of Professional / Training experience

| Name of Establishment * | | Establishment Addro | ess * | |
|------------------------------------|--------------------|---------------------|---------------------------------------|---|
| Chhattisgarh Medical Store | | Bloc C Near Shoppi | ng Complex, New Rajendra Nagar Raipur | |
| Looks good! | | Looks good! | | |
| Date of Commencement of Training * | Date of Completion | of Training * | Is FDA License Available? * | |
| 08-01-2018 | 28-06-2018 | • • | No | ~ |
| Looks good! | Looks good! | | Looks good! | |



Chhattisgarh State Pharmacy Council

Application ID: RP25GSD7X6 Help Desk Logout

Apply For Renewal

| Step 1 Personal Information | Upload Documents | |
|--------------------------------|--|--|
| Step 2 Qualification | Recent Passport Photo * | Signature * |
| O Step 3 Upload Documents | Choose File boys3.jpg File should be JPG/JPEG format and less than 200kb | Choose File sign5.jpg Clear signature on white paper. File should be JPG/JPEG format and less than 200kb |
| Step 4 Pay Fees | | |
| | Domicile Certificate * | Training / Experience Certificate |
| | Choose File CG-Domicile-Certificate-PDF.pdf | Choose File Training completion certificate template.pdf |
| | File should be PDF format and less than 1mb | File should be PDF format and less than 1mb |

Choose File bpharm1.pdf

File should be PDF format and less than 1mb

| Choose File | CG-Domicile-Certificate1-PDF.pdf |
|-------------|----------------------------------|

| Choose File | CG-Domicile-Certificate-PDF.pdf |
|------------------|--|
| Accepted docum | ents are Aadhaar, Voter ID, Ration Card, Passpor |
| Upload both side | es together. File should be PDF format and less that |

Mark sheets

Aadhaar *

| 10th Mark Sheet * | 11th / 12th / HSC Mark Sheet * |
|---|--|
| Choose File 10th marksheet.pdf | Choose File 12th marksheet1.pdf |
| File should be DDE format and less than 1mb | File should be DDE format and large than 1mb |

| Diploma in Pharmacy (D Pharmacy) 1st Semester Mark sheet * | Diploma in Pharmacy (D P 2nd Semester Mark sheet |
|---|---|
| Choose File dpharm1.pdf | Choose File dparm2.pdf |
| File should be PDF format and less than 1mb | File should be PDF format and le |

| Diploma in Pharmacy (D Pharmacy) | Diploma | in | Pharmacy | (D | Pharmacy) |
|----------------------------------|---------|----|----------|----|-----------|
|----------------------------------|---------|----|----------|----|-----------|

Registration Certificate *

Proof of Address *

Choose File Self_delaration_Form.pdf

File should be PDF format and less than 1mb

less than 1mb

| Diploma in Pharmacy (D Pharmacy) 3rd Semester Mark sheet * | Diploma in Pharmacy (D Pharmacy) 4th Semester Mark sheet * | | |
|---|---|--|--|
| Choose File dpharm1.pdf | Choose File dparm2.pdf | | |
| File should be PDF format and less than 1mb | File should be PDF format and less than 1mb | | |



Particulars of Professional / Training experience

| Name of Establishment * | | Establishment Address * | | | |
|------------------------------------|--------------------|---|-----------------------------|--|--|
| Chhattisgarh Medical Store | | Bloc C Near Shopping Complex, New Rajendra Nagar Raipur | | | |
| Date of Commencement of Training * | Date of Completion | of Training * | Is FDA License Available? * | | |
| 08-01-2018 | 28-06-2018 | | Yes | | |
| Name of Registered Pharmacist * | | Pharmacy Council | Registration No. * | | |
| Ramdhan Sahu | | CSPC/44867 | | | |
| | | | | | |
| | EDA Lice | nse Number | | | |

| FDA License Number | | | | | | |
|--------------------|----------------|---------------------|--|--|--|--|
| Туре | License No. | Date of first issue | | | | |
| 20 | abncd123456mnb | 12-06-2017 | | | | |
| 21 | GPN43678900 | 21-11-2017 | | | | |
| 20A | abc1234567 | 11-12-2017 | | | | |
| 20B | xyz23456789 | 15-01-2018 | | | | |
| 21A | pqr3483456 | 05-02-2018 | | | | |
| 21B | mnp09458693 | 19-03-2018 | | | | |

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.

| | | | A | pply For Renev | val | |
|---------------------------------------|--------------------|---|---|---------------------------|---|--|
| | | Step 1 Personal Information | Upload Docun | nents | | |
| | | Step 2 Qualification | Recent Passport Photo Uploaded, View | • | Signature * Uploaded. View | |
| | | O Step 3 Upload Documents | Choose File No file d | hosen | Choose File No file chosen | |
| | | Step 4 Pay Fees | File should be JPG/JPEG for | ormat and less than 200kb | Clear signature on while paper. File should be JPG/JPEG format and less than 200kb | |
| | | | Domicile Certificate * | | Training / Experience Certificate | |
| | | | Uploaded. View | | Uploaded. View | |
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| pen | | | File should be PUF format a | | THE SHAVE OF TUP TOTAL ATO LESS DIAN. TIMD | |
| | | | | 1 | Registration Certificate * Uploaded. View | |
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| | | | | | | |
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| Local Disk (G:) | 0 | 0 | 0 | | | |
| - Sustam Basania | | A | A | harmacy) | Diploma in Pharmacy (D Pharmacy) | |
| System Reserver | 0 | 0 | 0 | | 2nd Semester Mark sheet * Uploaded, View | |
| Network | ar Aiav Kishan Ren | Rudra Kunwar R Chi | andan Sahu R | n | Choose File No file chosen | |
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| File name: | | ✓ All Files | ~ | | | |
| | | Open | Cancel | harmacy) | Diploma in Pharmacy (D Pharmacy) 4th Semester Mark sheet * | |
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| | | | File should be PDF format a | | File should be PDF format and less than 1mb | |

Proceed to Next Step >

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.

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|--|--------------------------------|--|---|
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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 Easebuzz. After filling all information, click on PROCEED button.

| Chhattisgarh State Pharr | nacy Council | Application ID: RP25GSD7X6 Help Desk Logou | t |
|--------------------------------|--|--|---|
| | Apply For Renewal | | |
| Step 1 Personal Information | Preview Application | | |
| Step 2 Qualification | Preview your application form You won't be able to make any | n 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 Renewal Validity Duration * | | |
| | 5 Years | | |
| | | | |
| | Description | Amount | |
| | Renewal Fee (For 5 Years) | Rs.1,500.00 | |
| | Penalty Fee (For 2 Years) | Rs.200.00 | |
| | Restoration Fee | R₅.500.00 | |

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

Miscellaneous Fee Address Change Fee

GST @18%

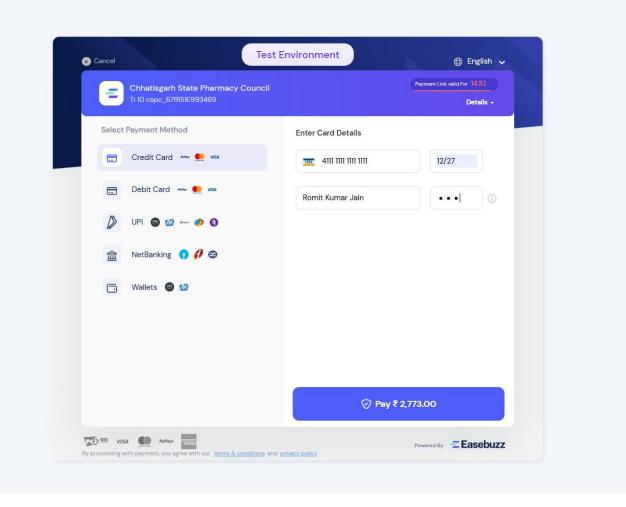
Total Amount to Pay

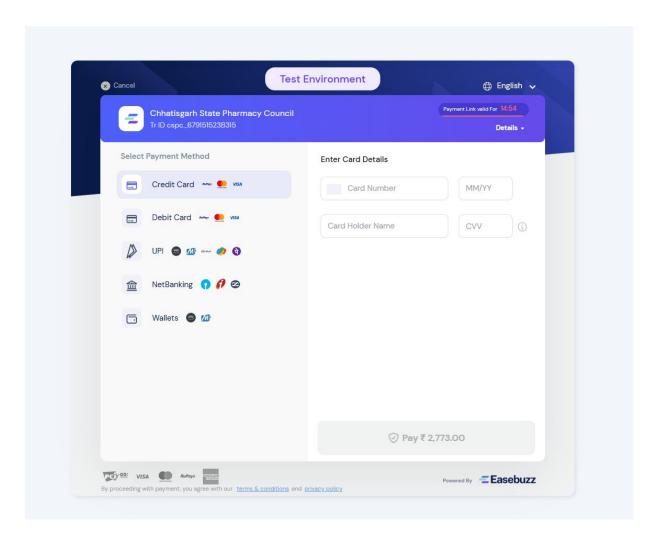


Rs.50.00

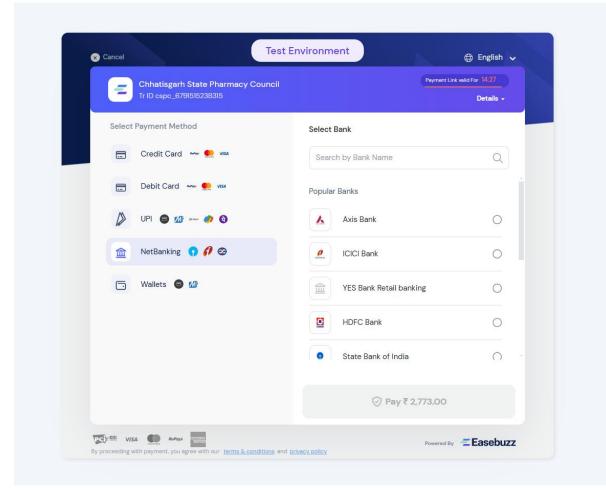
Rs.100.00

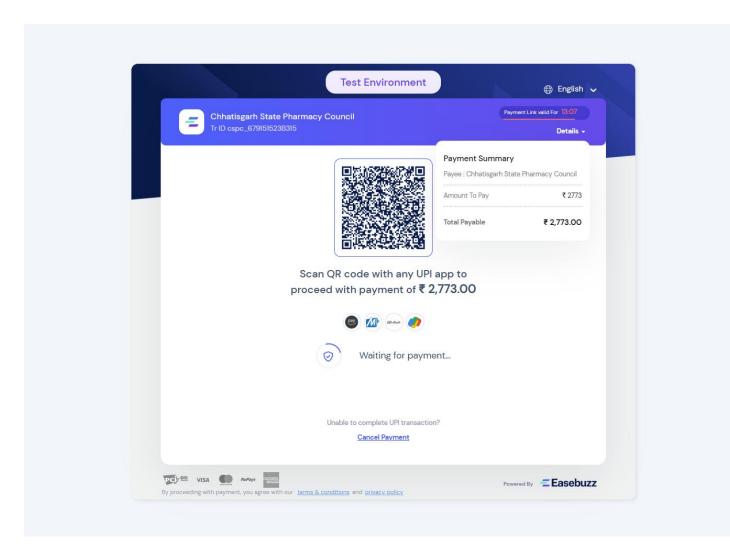
Rs.423.00 Rs.2,773.00 As mentioned above following page will open for making online payment at Easebuzz portal.

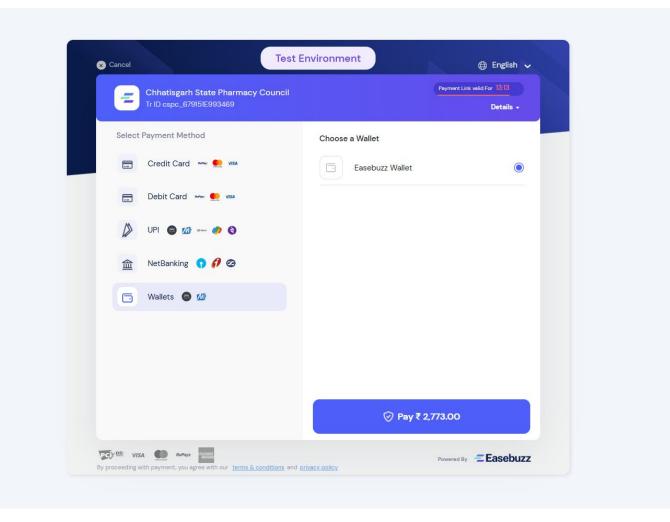




On the Payment details, Applicant will be shown his fees to be paid for the application. Applicant must select mode of payment (Net Banking, Debit Card, UPI, E Wallet) and pay his fees online on Easebuzz Portal.







| Paying Easebuzz LLC | Amount : 2773.0 | | | | |
|--|-------------------|--|--|--|--|
| | | | | | |
| Ease | ebuzz | | | | |
| Enter OTP g | given below | | | | |
| Generate | OTP 2879 | | | | |
| Choose a response which you want to try out for this transaction | | | | | |
| Success | Failure | | | | |
| Cancel | Session Timeout | | | | |
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After successful payment of fees, Applicant must confirm his/her online renewal application to be able to process for approval. After select declaration check box, click on SUBMIT button

| Chhattisgarh | State | Pharmacv | Council |
|---------------|-------|----------|----------|
| ormacciogarri | 0.000 | | 00011011 |

Application ID: RP25GSD7X6 Help Desk Logout

Apply For Renewal

| Step 1 Personal Information | Final Submit | | | |
|--------------------------------|---------------------|----------------|--|--|
| Step 2 Qualification | Payment Transaction | | | |
| Step 3 Upload Documents | Amount | Rs.2,773.00 | | |
| O Step 4 | Transaction ID | S250123073Y7QL | | |
| Pay Fees | Transaction Date | 23-01-2025 | | |

DECLARATION

□ I hereby declare that all the academic mark sheets, documents & certificates which are uploaded online by me for renewal of my registration are the same as submitted by me on the time of first registration in the council. The information given is true to the best of knowledge & I shall be fully responsible, if submitted information found incorrect/false, the council's decision/penalty in this regard will be final & accepted.

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, renewal application status will be completed.

Chhattisgarh State Pharmacy Council

Application ID: RP25GSD7X6 Help Desk Logout

Renew Pharmacist Registration Submitted

| Application ID | RP25GSD7X6 | Application Status | Application Submitted |
|----------------|------------------|--------------------|-----------------------|
| Name | Romit Kumar Jain | Payment Status | Paid |
| Mobile | 9826198265 | Email | romitJain@gmail.com |

Print Filled Application Form

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

| The second | and the second se | Raipur, Cl | June | | | | Destinati | on | Microsoft Print to PDF |
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| | FORM OF APPL | ICATION FOR | R ONLINE R | ENEWAL | | | | | |
| Applicant Detai | ls | | | | | | Pages | | All |
| Full Name | Romit Kumar Jain | Submission Date | 23-01-202 | 5 | | | | | |
| Father's Name | Shri Pratap Kumar Jain | Application | D RP25GSD | 07X6 | | | Layout | | Portrait |
| Mother's Name | Shrimati Reena Jain | Reg. No. | 44211 | | | | Lujout | | Fordatt |
| Mobile | 9826198265 | Reg. Date | 04-10-201 | 8 | | | | | |
| Alt. Mobile | 9826298262 | Valid Upto | 31-12-202 | 2 | | | Color | | Color 👻 |
| Email | romitJain@gmail.com | Aadhaar | 98765432 | 1321 | 1 | | | | |
| Place of Birth | Raipur | Gender | Male | | Ě | | | | |
| Category | General | Marital Statu | s Unmarried | | | | More set | tings | ~ |
| Are you Handicapped | No | Nationality | Indian | | 10000 | | More set | ungs | |
| Occupation | Community Pharmacist (Medical Store) | Date of Birth | | | | | | | |
| Current Organization | Romit Kumar Medical Store | State of Birth | | SGARH | | | | | |
| Name Organization | Farishta Complex, GE Road, | Address? | Yes | | | | | | |
| Address | Raipur | | | | | | | | |
| Address Details | 5 | | | | | | | | |
| Permanent Add | | | sent Address | | | | | | |
| Makan No 35/37 Colony, Near Sh | '8, Ward No 35, Main Road Sar iv Temple | | an No 35/378, ony, Near Shiv | , Ward No 35, Main Road Sa Temple | amta | | | | |
| City / Village | Raipur | City | / Village | Raipur | | | | | |
| Tahsil | Raipur | Tah | sil í | Raipur | | | | | |
| Post Office | Main Post Office Raipur | Pos | t Office | Main Post Office Raipur | | | | | |
| District | Raipur | Dist | rict i | Raipur | | | | | |
| State | CHHATTISGARH | Stat | | CHHATTISGARH | | | | | |
| Pincode | 492001 | Pine | code 4 | 492001 | | | | | |
| Particulars of C | Qualifications | | | | | | | | Print Cancel |
| s://dev127-online.cs | pc.in/print-renew-application-form.php | | | | 1/3 | . | | | |
| | State | CHHAT | TISGARH | | State | CHHATTISG | GARH | | |
| | Pincode | 492001 | | | Pincode | 492001 | | | |
| | i meode | 432001 | | | incoue | 432001 | | | |



Chhattisgarh State Pharmacy Council Raipur, Chhattisgarh

FORM OF APPLICATION FOR ONLINE RENEWAL

| Applicant Detail | s | | | |
|-------------------------|---|--------------------|--------------|---|
| Full Name | Romit Kumar Jain | Submission Date | 23-01-2025 | |
| Father's Name | Shri Pratap Kumar Jain | Application ID | RP25GSD7X6 | |
| Mother's Name | Shrimati Reena Jain | Reg. No. | 44211 | |
| Mobile | 9826198265 | Reg. Date | 04-10-2018 | |
| Alt. Mobile | 9826298262 | Valid Upto | 31-12-2022 | |
| Email | romitJain@gmail.com | Aadhaar | 987654321321 | - |
| Place of Birth | Raipur | Gender | Male | 3 |
| Category | General | Marital Status | Unmarried | |
| Are you Handicapped | No | Nationality | Indian | |
| Occupation | Community Pharmacist (Medical Store) | Date of Birth | 24-08-1996 | |
| Current Organization | Romit Kumar Medical Store | State of Birth | CHHATTISGARH | |
| Name | itemit itemiti inculcul otore | Update | Yes | |
| Organization Address | Farishta Complex, GE Road, Raipur | Address? | | |

Address Details

| Permanent Address | | Present Address | | | |
|---|-------------------------------------|--|-------------------------|--|--|
| Makan No 35/378, Ward No 35, Main Road Samta Colony, Near Shiv Temple | | Makan No 35/378, Ward No 35, Main Road Samta C Near Shiv Temple | | | |
| City / Village | Raipur | City / Village Raipur | | | |
| Tahsil | Raipur | Tahsil | Raipur | | |
| Post Office | Post Office Main Post Office Raipur | | 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 | | |
| 10th | Govt. Middile School, Raipur | Chhattisgarh Board Raipur | 2014 | | |

| Establishment | Date of Commencement of Training | Date of Completion of Training | | FDA Licen | se |
|--|--|--------------------------------------|------|----------------|------------------------|
| Chhattisgarh Medical Store Bloc C Near Shopping Complex, | 08-01-2018 | 28-06-2018 | Туре | License No. | Date of first issue |
| New Rajendra Nagar Raipur Reg. Pharmacist: Ramdhan Sahu Pharmacy Council No. CSPC/44867 | | | 20 | abncd123456mnb | 12-06-2017 |
| | | | 21 | GPN43678900 | 21-11-2017 |
| | | | 20A | abc1234567 | 11-12-2017 |
| | | | 20B | xyz23456789 | 15-01-2018 |
| | | | 21A | pqr3483456 | 05-02-2018 |
| | | | 21B | mnp09458693 | 19-03-2018 |

| Domicile Certificate | | | | |
|----------------------|---------------|----------------------|--|--|
| Certificate No. | Date of Issue | Place of Issue | | |
| CG854930 | 20-06-2011 | Raipur, CHHATTISGARH | | |

| Payment Details | | | | | |
|----------------------|------------|----------------|--|--|--|
| Mode | Date | Transaction ID | | | |
| Online (Credit Card) | 23-01-2025 | S250123073Y7QL | | | |

UNDERTAKING / DECLARATION

Online (Credit Card)

This is to inform you that my pharmacist registration number is 44211 which is going to end on date 31-12-2022

I am here by applying for the renewal of my Pharmacist Registration for 5 Years

I have submitted all the required information regarding my academic qualification, domicile certificate, address proof & Id Proof through online portal of the council.

I hereby declare that all the academic mark sheets, documents & certificates which are uploaded online by me for renewal of my registration are the same as submitted by me on the time of first registration in the council. The information given is true to the best of knowledge & I shall be fully responsible, if submitted information found incorrect/false, the council's decision/penalty in this regard will be final & accepted.

Date: 23-01-2025

Si<u>gnature.</u>

Name: Romit Kumar Jain

Applicant Sign.

Amount

Rs.2.773.00

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 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. | |
| CP23941SS9EGSNH | | If you already have Applicant ID and you want to complete or edit your application, continue with Applicant Login. | |
| Captcha HivnYl | HjvnY | Before applying for new registration, make sure you keep all required documents digitally available. For required documents list click here. | |
| Refresh Captcha | | APPLY FOR NEW REGISTRATION & | |
| | DG IN ✔ | | |
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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.

| | Chhattisgarh State | Pharmacy Council | Help Desk User Login |
|------|--|-------------------------------------|--|
| | Chhattisgarh State Pharmacy Council | HOME ONLINE SE | RVICES \sim USER LOGIN CHECK REGISTRATION STATUS HELP DESK \sim CONTACTS \sim |
| 1 Al | Chl | hattisgarh State P | harmacy Council New Registration |
| | Application ID * | ant Login Forgot Application ID? | Apply Online For New Registration 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, |
| | OTP * 416900 | Resend OTP in 57 seconds | continue with Applicant Login. Before applying for new registration, make sure you keep all required documents digitally available. For required documents list click here. |
| | LO | g in 🗸 | APPLY FOR NEW REGISTRATION & |
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Print Option to Your Filled Renewal Application Form

Chhattisgarh State Pharmacy Council

Application ID: RP25GSD7X6 Help Desk Logout

Renew Pharmacist Registration Submitted

| Application ID | RP25GSD7X6 | Application Status | Application Submitted |
|----------------|------------------|--------------------|-----------------------|
| Name | Romit Kumar Jain | Payment Status | Paid |
| Mobile | 9826198265 | Email | romitJain@gmail.com |

Print Filled Application Form 🔒