

Annexure 1

(Prescribed Format)

[Institution Letterhead]

[Date]

[Institution Name & PCI Code]

[Address]

[City, State, ZIP Code]

[Phone Number]

[Email Address]

Declaration Letter for Creating New Profile on DIGI-PHARMed Portal

To,

Registrar-Cum-Secretary,

Pharmacy Council of India,

I-300, 3rd floor, Tower-I

World Trade Centre, Nauroji Nagar,

New Delhi-110029

I, [Name and Centralised Council Number], Principal/Head of [Institution Name-PCI CODE], hereby certify that [Name of the Faculty] is presently working as a faculty member in our institution since [Start Date] and faculty has also declared that he is not linked with any other institution/s on DIGI-PHARMed Portal.

As per the records of the institution, [Name of the Faculty] holds the following identification numbers and the same is verified by the institution as well. In addition, faculty have also submitted the self-attested document (Having date later than 23.01.2025) as a proof for the cited PAN/Aadhar details as well and the same is also annexed with this declaration.

- Aadhar Number: [Number]
- PAN Number: [Number]
- Aadhar Linked Mobile Number: [Number]
- Old BH-P Number:

Therefore, it is certified that the profile existing on the DIGI-PHARMed Portal does not originally belongs to this faculty and it is requested to kindly delete/block the existing user on this linked PAN/Aadhar so that the above-mentioned faculty proceed for new registration.

With my signature, I [Principal Name and Centralised Council Number] and [Faculty Name] declare to the best of my knowledge that the information in this declaration is accurate and authenticated. I acknowledge that providing misleading or untrue information may lead to the debarring of this DIGI-PHARMed Profile for permanent on the mentioned Aadhar/Pan details.

[Signature of the Head]

[Name of the Head of the Institution]

[Title of Authorized Signatory]

[Date]

[Signature& Photograph of Faculty]

[Name of the Faculty]

[Designation]

[Date]

**Self-Attested documents of the faculty to be annexed in this letter having the document submission date later than 23.01.2025.*

Faculty Registration Issues

* Indicates required question


1. PCI Code

2. Institute Name in which you are currently working

3. Full Address of Institution

4. District Name *

5. State Name *

 Dropdown*Mark only one oval.*

- Andhra Pradesh
- Arunachal Pradesh
- Assam
- Bihar
- Chhattisgarh
- Goa
- Gujarat
- Haryana
- Himachal Pradesh
- Jharkhand
- Karnataka
- Kerala
- Maharashtra
- Madhya Pradesh
- Manipur
- Meghalaya
- Mizoram
- Nagaland
- Odisha
- Punjab
- Rajasthan
- Sikkim
- Tamil Nadu
- Tripura
- Telangana
- Uttar Pradesh
- Uttarakhand
- West Bengal
- Andaman & Nicobar (UT)
- Chandigarh (UT)
- Dadra & Nagar Haveli and Daman & Diu (UT)
- Delhi [National Capital Territory (NCT)]

Jammu & Kashmir (UT)

Ladakh (UT)

Lakshadweep (UT)

Puducherry (UT)

6. Principal Name

7. Contact Number of Principal *

8. Centralized Council Number of Principal *

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Faculty Details

9. Name as per Aadhar

10. Aadhar Number *

11. Name as per PAN *

12. PAN Number *

13. Whether Faculty is facing following issues during registration on DIGI-PHARMed Portal *

Mark only one oval.

- "Aadhar already exist"
- "PAN already exist"
- "Any other issues"

14. Upload declaration letter for new registration on DIGI-PHARMed Portal for the faculty facing issues opted above. *

Files submitted:

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