



# HARYANA STATE PHARMACY COUNCIL

Plot No. C 15, Awas Bhawan, IInd Floor,  
Opp. Haryana Police Head Quarter, Sector-6,  
PANCHKULA

An ISO 9001:2008 Certified

website: www.hspc.in

Form 'L' (Rule 106)

(To be submitted for Renewal of Registration only if the validity of Regn. expired)

To  
The Registrar,  
Haryana State Pharmacy Council  
Panchkula

Sir,

I..... (Insert Full Name) holding the qualification of  
.....(D.Pharm/B.Pharm/Pharm.D) do solemnly and sincerely declare the following:

1. That I was registered in the Haryana State Pharmacy Council on  
.....(Date of Registration) vide Regn. No.....
2. That I was registered on the basis of my .....  
(D.Pharm/B.Pharm/Pharm.) qualification.
3. That my registration was valid upto ..... (date of validity).
4. That my name has been removed from the register of Haryana State Pharmacy Council on  
31-03-\_\_\_\_\_.
5. That I am residing in Haryana at my Present  
residential address.....  
..... or carrying out  
the business of Pharmacy or serving the profession of Pharmacy in the capacity of  
..... (Pharmacist/Hospital Pharmacist/ Teacher/  
Medical Representative/ Any other specify).

DEPONENT

Verification:

Verify that the above contents are true to the best of my knowledge; nothing has  
been cancelled in it.

DEPONENT

Witness by \_\_\_\_\_(Name of Pharmacist)

Regn. No. of HSPC \_\_\_\_\_ Date of Registration \_\_\_\_\_

Signature of pharmacist giving witness \_\_\_\_\_