# Rajasthan Pharmacy Council, Jaipur

# Automation of activities at RPC

## User's
## Manual for
## on-line Application for Registration (New)

**Rajasthan Pharmacy Council, Jaipur**

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## On-line application for registration (new)

# Registration (New)

**Visit RPC website: www.rajasthanpharmacycouncil.in**

**Select option:**
Apply on-line

**Select option:**
New Registration

**Select option:** Fill Registration form.

A blank form for filling will appear on the screen. The date of applying on- line will appear automatically.

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# Step 1: Filling of Application form

## *Basic Information*

### Name
Select salutation (Mr. / Mrs. / Ms.) and write your Name as it appears in your class 10 marksheet/certificate.

### Father's name
Write name of your father (without Shri / Mr.).

### Mother's name
Write name of your mother (without Smt / Mrs.).

### Date of birth
Select date, month and year (as it appears in your class 10 marksheet / certificate).

### Age
Your age (as on the date of on-line application) will be calculated automatically and will appear on screen.

### Address (Permanent)
Write House No., Street, Area, City.

Select State, District.

Write Pin code.

### Address (Present, for communication)
If your present address is same as your permanent address, click on the check box to bring it automatically.

Otherwise,
Write House No., Street, Area, City.

Select State, District.

Write Pin code.

**Domicile State**
Select your domicile state.

**Nationality**
Indian will appear by default. Change if required.

**Landline phone no.**
Write STD code (without zero) and your landline phone number. Leave it blank if you don't have a landline number.

**Cell no. (Mobile no.)**
Write your cell number (without zero or +91).

**Alternate Cell no. (Mobile no.)**
Write your alternate cell number, if available (without zero or +91).

**email ID**
Write your email ID. Leave it blank, if you don't have your own email ID presently. However, it is advised that you create your own email ID.

**Gender**
Select your gender (Male / Female / Transgender).

**Caste**
Select caste (General, OBC, SBC, SC, ST).

**Marital status**
Select your marital status (Unmarried / married / widow / divorcee).

**Residence Proof**
Select type of your residence proof (AADHAAR card / Driving license / Electricity bill / Landline telephone bill / Passport / Ration card / Voter ID card / Water bill / Other).

**Residence Proof details**
Write details of the residence proof that you have selected.

If you select "Other" as residence proof, then write both "Name" and "Number" of the residence proof.

## *Matriculation (Class 10) details*

Write name of school from where you passed Class 10, place / city.

Select the State, District.

Select name of the Board from the list.
If the board is not included in the list, select 'Other' and then write name of your board in the space provided.

Write city of the board (where board is located), and also write roll number.

Select year of passing.

## *10+2 (Class 12) details*

Write name of school from where you passed Class 10+2, place / city.

Select the State, District.

Select name of the Board from the list.
If the board is not included in the list, select 'Other' and then write name of your board in the space provided.

Write city of the board (where board is located), and also write roll number.

The subjects English, Physics and Chemistry will appear by default. Write names of the remaining subjects (no. 4 and 5) passed (e.g. Mathematics / Biology, Computer Science, Biotechnology, Physical Education etc.). Leave subject no. 6 as blank, if not available.

Write roll number.

Select year of passing.

## *Pharmacy qualification details*

Select the name of your Pharmacy course (D. Pharm / B.Pharm / Pharm.D).

Select State from where you passed the pharmacy course.

Select the college / institution from where you passed the pharmacy course.
Relevant details of your college / institution will appear automatically.

Select University / Board from where you passed the pharmacy course.

Select the year of your admission to the pharmacy course.

Select the year of your passing the pharmacy course (the year of declaration of final year result).

Write Examination roll number of final years of the pharmacy

course. Write Enrolment number of the pharmacy course.

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Write name of practical training center from where you have undertaken the training.

Write drug license number of the center, address of the center and city.

Select State of the center.

Select period of training (from and to).

Select number of hours of training undertaken per day.

**If you have passed D. Pharm course,** write name of pharmacist (under whom you have undertaken practical training at the practical training center), registration number of the pharmacist (under whom you have undertaken practical training) and select state pharmacy council where the pharmacist (under whom you have undertaken practical training) is registered.

## *Employment details (if currently employed)*

Tick whether you are "Employed / Self-employed" or "Unemployed".

If employed / self employed
Select employer type: Self / Other

Self: If you have your own business / shop etc.
Other: You are doing any job / service etc. at any company / shop / organization etc.

Write employer name and address.
Write your name if you are self-employed.

Write drug license number of the employer, if applicable.

Select date of joining.

Write designation.

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Write place of posting.

Scroll the screen from top to bottom to verify all the details you have filled. Edit, if required. Once you are sure that the details filled by you are correct, then click on **Next**

All the information filled by you will appear on screen. Re-check the complete information. Click **Edit**, if required.

### Submit, Proceed for Print Self Declaration

Self-Declaration download as PDF. Do not print it directly. First save it on your computer system. After saving only, print the same on paper. Complete it (signature etc.).

### Proceed to Upload Documents

Select Course Scheme -> Annual or Semesters

### Update & Proceed

1. Scanned / digital copy of your recent passport size colored photo with name and date in the prescribed format (JPG or JPEG, maximum 100 KB)

2. Scanned / digital copy of your signature in the prescribed format (JPG or JPEG, maximum 100 KB)

   Be very careful while scanning your signature. You should first put your signature in an area of about 2" × 1" on blank paper with a ball point pen. Scan this paper. Cut / select only signature area (2" × 1") and save it as jpg or jpeg (do not upload your signature in A4 size format/ full paper).

   3. Scanned copy of your all relevant documents [Residence proof, class 10 certificate, class 10+2 certificate / mark sheet, Pharmacy Degree / Provisional certificate, all mark sheets (main as well as all supplementary examinations, year wise/attempt wise), practical training completion form, notarized affidavit etc.] (jpg or jpeg or pdf, size preferably up to maximum 150 KB)

# On-line application for registration (new)

4. Scanned copy of your all relevant documents [Residence proof, class 10 certificate, class 10+2 certificate / mark sheet, Pharmacy Degree / Provisional certificate, all mark sheets (main as well as all supplementary examinations, year wise/attempt wise), practical training completion form, registration certificate issued by other

state pharmacy council, Self-Attested Declaration etc.] (jpg or jpeg or pdf, size preferably up to maximum 150 KB)

Do not make any mistake in uploading the above documents.

Click on **Upload documents**

Select the examination scheme of your pharmacy course: Annual / Semester.

Select, write name of the document and then upload scanned copy of the following from the list available, one by one:

1. Photograph (with name and date)
2. Signature
3. Class 10 certificate (mark sheet not acceptable)
4. Class 10+2 certificate / mark sheet
5. Pharmacy Degree / Provisional certificate
6. All Mark sheets of First attempt (irrespective of whether you passed or not), year wise / semester wise, as applicable
7. Residence proof (as selected by you while filling Application)
8. Practical training completion form (mandatory in case of D.Pharm or Pharm.D)
9. Self-Attested Declaration
10. All Mark sheets (main as well as all supplementary examinations, year wise/attempt wise)

Choose the file from your computer system.

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The document will be added and appear in the table. View this uploaded document to ensure its correctness. If correct then Tick under Verify document column. If not correct, click X under Remove document and re-upload the correct document.

Complete this process for all the documents.

Once all the requisite documents are uploaded, the list of documents from selection window will automatically disappear.

Now, click on **Submit**

A message will appear on the screen: Are you sure Yes / No

Select **Yes**, if sure.

A message will appear on the screen: Do you have any supplementary marksheet(s) / other documents to upload: Yes / No

Select **Yes** if you have any supplementary marksheet(s) / other documents to upload otherwise select **No**

If you select **Yes** then upload and verify marksheet(s) of all the supplementary examinations, class wise / semester wise, one by one simultaneously giving them appropriate names (e.g. D. Pharm Part I attempt 2 marksheet, D. Pharm Part I attempt 3 marksheet, D. Pharm Part II attempt 2 marksheet, D. Pharm Part II attempt 3 marksheet etc.)

Now, click on **Submit**

A message will appear on the screen: Are you sure Yes / No

Select **Yes**, if sure.

**Payment mode**
There are various modes available for making fee payment. These include: On-line payment.

Click on **Proceed for payment.**

On-line payment option and complete the process using debit card / credit card / internet banking.

Soon after submitting, your Application ID and password will appear on screen. Note it down carefully.

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Keep your ID and password with safety. In future, you will get access to the software system using your ID and password only.

You will also receive your Application ID and password at the cell phone and email ID that you have entered while filling of the registration form.

Note: The message at your email address may reach in Spam / Junk mail box / folder. Therefore, check your Spam / Junk mail box / folder regularly. Also add this email ID by marking it as "Safe" / "Not Spam" so that you can receive future emails directly in your email in-box.

The Council will not be responsible for any consequences arising out of forgotten password / misuse of your password. It is your responsibility to maintain confidentiality of your password. Sharing of your password can result in its misuse by somebody else.

Click on **Print Application form** and download as PDF using the button provided. Do not print it directly. First save it on your computer system. After saving only, print the same.

You can also print **Application form** later by entering your Application ID and password at the option **Check Application Status** and then selecting the option **Print / Download**.

Paste your photograph, at the space provided on the printout of application / registration form. This photograph must be same as uploaded by you while completing of registration form.

Sign at the space provided on the printout of registration form. This signature must be same as uploaded by you while completing of registration form.

**Keep this completed application / registration form with you only.**

**You are not required to send it to the Council office.**

**You will be required to come to Council office personally after you receive a message at your cell phone / email ID / Pharmacist Login Message Box (at a date and time slot mentioned in the message).**

## Step 4: Visit to Council office for form submission and document verification

After certain period, you will receive a text message (SMS) at the cell phone, email ID, Pharmacist Login Message Box to personally come (at a date and time slot mentioned in the message) to Council office and submit the duly completed registration form along with all requisite documents, in original and one set of self-attested photocopy of all the documents uploaded while filling Application form (including original notarized affidavit) .

# Important:

1. Keep checking for messages from RPC by visiting your Login Message Box/ email ID / cell phone.

2. Fee once paid to Rajasthan Pharmacy Council is neither refundable, nor transferable / adjustable under any circumstances. Any plea in this matter shall not be entertained. Therefore, you are advised to first refer concerned user manual, fill the application form etc. very carefully and also deposit the fee only after carefully ensuring your requirement, before submitting / depositing.