

GOVERNMENT OF TRIPURA
TRIPURA STATE PHARMACY COUNCIL
HEALTH & FAMILY WELFARE DEPARTMENT

F.No. 9(6)/TSPC/EE22/2025/2019-35 Dated, Agartala 31/01/2025

NOTIFICATION

As per approval of the Government of Tripura, it is notified that the State Pharmacy Council will issue registration certificates to the students who were admitted to the Diploma in Pharmacy in the academic year 2022-2023 and completed their course in the 2023-2024 academic session for one year and will be renewed the same after clearing Exit Examination.

For this purpose, a prescribed format of **Affidavit** has been issued by the Pharmacy Council of India (PCI) and it is to be taken from the concerned students in the name of the Registrar, Tripura State Pharmacy Council, Gurkhabasti, Agartala. The proforma of the affidavit for the concerned Students of Tripura is hereby enclosed as Appendix I.

This will come into effect from the date of notification.

This is issued as per the circular Ref. No. 14-285/2024-PCI/5209 dated, the 31-12-2024 by the PCI which may be searched on the PCI website www.pcionline.co.in

Sd/-

UNDER SECRETARY

Health & Family Welfare Department

Government of Tripura

Copy forwarded for information to :

1. PS to the Hon'ble Chief Minister, Tripura, Agartala.
2. PS to the Secretary, H & FW Dept., Govt. of Tripura, Agartala.
3. PS to the Addl. Secretary, H & FW Dept. Govt. of Tripura, Agartala.
4. The Registrar cum Secretary, Pharmacy Council of India, New Delhi.
5. The Director of Health Services, Govt. of Tripura, Agartala.
6. The Director of FW & PM, Govt. of Tripura, Agartala.
7. The Director of Medical Education, Govt. of Tripura. Agartala.
8. The Mission Director, National Health Mission, Agartala, Tripura
9. The Principal, RIPSAT, Agartala, Tripura.
10. The Principal, BPT,. Agartala.
11. The Principal, MIPS, Udaipur, Tripura.
12. The Principal, BBCP, Agartala.
13. The Deputy Drug Controller, Govt. of Tripura, Agartala.
14. The President, Tripura State Pharmacy Council, Agartala.
15. The Govt. Analyst, SDTL, Gurkhabasti, Agartala.
16. The Registrar, Tripura State Pharmacy Council, Agartala

Signed by

Dipa Debbarma

Date: 30-01-2025 15:37:22

UNDER SECRETARY

Health & Family Welfare Department

Government of Tripura

AFFIDAVIT

To
The Registrar
Tripura State Pharmacy Council

I (Name), a student of (Name of the Institution), aged (Age), residing at (Address), do hereby solemnly affirm and declare as follows:

1. I affirm that I was admitted to (Name of the Institution) for the Diploma in Pharmacy (D. Pharm) course in the 2022-2023 academic session and successfully completed the course in the 2023-2024 academic session.
2. I acknowledge that the exit examination has not yet been conducted, and I have not appeared for the same. Therefore, I request that the registration certificate be issued, which shall remain valid for a period of one (1) year, or until the exit examination is conducted and completed, whichever is sooner.
3. I undertake that the registration certificate shall not be renewed unless I have successfully cleared the exit examination. The Tripura State Pharmacy Council will only issue a renewal certificate upon submission of proof of passing the exit examination.
4. I further affirm that, should I fail to clear the exit examination within the validity period of the registration certificate, I shall not be eligible for any further renewal or continuation of my registration unless I submit proof of clearing the exit examination.

DEPONENT

(Signature of the Student)
(Full Name of the Student)
Name of the Institution
(Residence Address)

Date :

Place :

Mobile No. :

Email ID :