भारतीय भेषजी परिषद्
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अंतर्गत सांविधिक निकाय)
भारत सरकार
आई-300, तीसरी मंजिल, टावर-1, वर्ल्ड ट्रेड सेंटर,
नौरोजी नगर, नई दिल्ली-110029
टेलीफोन नंबर 011-65218900-01
E-mail: registrar@pci.nic.in

कामये दुःखतप्तानाम् प्राणिनामार्तिनाशनम्

PHARMACY COUNCIL OF INDIA
(Statutory body under Ministry of Health & Family Welfare)
Government of India
I-300, 3rd floor, Tower-I, World Trade Centre,
Nauroji Nagar, New Delhi-110029
Telephone No. 011-65218900-01
E-mail: registrar@pci.nic.in

Circular

File No. 15-4/2020-PCI(Main file)/ POLICY-13014/2/2025-POLICY **Date: 06.11.2025**

To,
Registrars,
All State Pharmacy Council/Registration Tribunal.

Sub: Submission of consolidated data of Registered Pharmacist of each States under section 15 (A) of the Pharmacy Act, 1948

Ref: Council circular no. 554/ POLICY-13014/2/2025-POLICY dated 15.07.2025

Sir/Madam,

This is in reference to the above subject matter, and in reference to the Council circular no. 554/ POLICY-13014/2/2025-POLICY dated 15.07.2025 published by council dated 15.07.2025 where it was directed to submit the valid and *consolidated data of all the registered Pharmacists.*

It is further informed that the council has received the directions from National Health Authority (NHA), Accordingly, council is working with the NHA to integrate the pharmacists with the HPR (Health Professional Registry) and also to maintain and update the data U/S 15 (A) of the Pharmacy Act, 1948.

In reference to the previous circular, many state pharmacy councils have not submitted the requested data within the mentioned time leading to the delay in the implementation process.

Therefore, it is directed to all the State Pharmacy Council to provide the data requested in the desired format as enclosed in the **Annexure 1** on immediate basis by 30.11.2025

It is further stated that all State Pharmacy Councils (SPCs) are advised to thoroughly verify and update their pharmacist registration data to ensure that every record contains valid registration details (with correct and active “Validity Up To” dates), accurate and complete contact information (email ID and mobile number), correct personal particulars (name and DOB), and no invalid or placeholder entries, so as to maintain a clean, consistent, and reliable pharmacist database.

Therefore, all stated authority must adhere to this request with strict compliance and submit the data with utmost accuracy.

Yours faithfully

(PRATIMA TIWARI)
Deputy Secretary

Annexure 1

S. No	State/UTs	Name of Pharmacist	Date of Birth (Must be in format of DD-MM-YYYY)	Contact Number	Email-ID	State Pharmacist Registration Number (Complete Format)	Basic Qualification	Registration Certificate Validity (From) (Must be in format of DD-MM-YYYY)	Registration Certificate Validity (To) (Must be in format of DD-MM-YYYY)

**State Pharmacists Number Must be in complete format as per the standard certificate (Ex. Reg/2456/1234 should be written instead of 1234 or 2456/1234) or G-12345 instead of just filling 12345 etc. Therefore, all state councils/registration tribunal must follow the uniform structure for the registration number.*

***Please note that all these data are mandatory for each registered pharmacists and must be submitted to the PCI in the excel format.*