

**भारतीय भेषजी परिषद्**  
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अंतर्गत सांविधिक विभाग)  
भारत सरकार  
एन बी सी सी सेंटर, तृतीय तल, प्लॉट नम्बर 2,  
कॉम्युनिटी सेंटर, मा आनन्दमयी मार्ग,  
ओखला फेस-1, नई दिल्ली-110020  
दूरभाष: 011-61299900-03  
ईमेल: registrar@pci.nic.in



**PHARMACY COUNCIL OF INDIA**  
(Statutory body under Ministry of Health & Family Welfare)  
Government of India  
NBCC Centre, 3<sup>rd</sup> Floor, Plot No. 2,  
Community Centre, Maa Anandmai Marg,  
Okhla, Phase-I, New Delhi-110020  
Telephone No. 011-61299900-03  
E-mail: registrar@pci.nic.in

Circular

Ref No. 14-264/2020-Faculty Module

5560

Dated: 24.01.2025

To All,

- Registered Pharmacists
- State Pharmacy Council
- Approved Pharmacy Institutions

24 JAN 2025

**Sub: Notification regarding issues in registration on the DIGI- PHARMed Portal due to "PAN/Aadhar already exists".**

**Ref. Council Circulars: -**

- No. 14-264/2020-Faculty Module/ 5188 dated 27.12.2024
- No. 14-264/2020-Faculty Module/ 5381 dated 13.01.2025

Sir/Madam,

This is in reference to the Council circular dt. 13.01.2025 regarding –

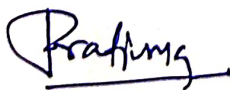
- Posting the revised lists of blocked pharmacists on the DIGI-PHARMed Portal,
- Requesting to blocked Pharmacists to submit the correct and valid information during the creation of new profiles on the DIGI-PHARMed portal.

Further, Council has received multiple grievances from the faculty stating that their PAN/Aadhar has been used for the profile creation without their consent. Hence, the original users are not able to register on the DIGI-PHARMed Portal because of the error as "PAN CARD/Aadhar" Already exists.

In view of above, it is requested that all pharmacists who are facing issues during the registration, must submit their details in the google form (<https://forms.gle/TcnQNraDSRRoLC6s8>) and upload the declaration (As attached in annexure 1) through their Institutions on their letter head along with their latest self-attested documents with signature and authorisation date later than 23.01.2025.

This issues with the approval of the Competent Authority.

Yours Faithfully

  
(Pratima Tiwari)  
Deputy-Secretary

## 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

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1. PCI Code

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2. Institute Name in which you are currently working

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3. Full Address of Institution

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4. District Name \*

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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

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7. Contact Number of Principal \*

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8. Centralized Council Number of Principal \*

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*Skip to question 9*

## Faculty Details

9. Name as per Aadhar

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10. Aadhar Number \*

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11. Name as per PAN \*

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12. PAN Number \*

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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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Google Forms

