

CERTIFICATION BY GAZETTED OFFICER

It is to certify that Sri/Smt. _____

S/D/O _____ bearing Registered

Pharmacist Certificate Number _____ dated _____ has appeared

and signed before me. His/her passport size photo and signature is attested by me with date and seal.

Signed before me.

Signature of the Pharmacist.

Latest passport size photograph attested by Gazetted officer along with date and seal.

Address of the Pharmacist:

Mob.No.

Name:

Designation:

Date:

Mob.No.

Office Seal: