

APPLICATION FOR GOOD STANDING CERTIFICATE

1. **Name of Applicant (In Capital Letter)**
2. **Address as given in the State Pharmacy Register.**
3. **Qualifications**
4. **Name of the College**
5. **Name of the University**
6. **Year of admission**
7. **Year of Passing**
8. **State Pharmacy Council with which registered.**
9. **Registration No. and Date**
10. **Date of Validity**
11. **Telephone/Mobile No.**
12. **E-Mail Address**
13. **Place at which he has worked during the last 5 years with full details (Please use separate sheet if space is not sufficient)**

Name of Organization	Designation	Nature of duties performed	From (Date)	To (Date)

14. **Two testimonials of character and conduct From persons of standing (In Original) (From Principal Professors, M.P.s, M.L.A's Central or State Govt. Class I Officers.**
15. **Name and full address and Telephone No. of Two pharmacy professional who personally know the Applicant to whom a reference can be made. (Person who have issued testimonials should not be referred in this Column.**
16. **Certificate of Good Standing will be issued by the Registrar, State Pharmacy Council. All correspondence should be directly made to the Registrar. State Pharmacy Council.**

Date

Signature of Applicant

Recommendation of the State Pharmacy Council:

Certified that the particular given above are correct to the best of my knowledge and according. The records available with me.

Certified that the pharmacist holds current registration with this council and no disciplinary proceeding had been taken or were in progress against him/her on this day by this council.

Date

Registrar

**Uttarakhand Pharmacy Council
Dehradun**