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 admis	sion			• • • • • • • • • • • • • • • • • • • •			••••	
7.	Year of Passing				• • • • • • • • • • • • • • • • • • • •				
8.	State Pharmac	cy Council with which r	egistered.						
9.	Registration N	lo. and Date							
10.	Date of Validit	у							
11.	Telephone/Mo	bile No.							
12.	E-Mail Addres	s							
13.	Place at which	n he has worked during	the last						
	5 years with fu	ıll details (Please use s	separate						
	sheet if space	e Is not sufficient)							
	sheet if space	e Is not sufficient) Designation	Nature of dut	ies	From (Dat	e)	To (Date)		
			Nature of duti	ies	From (Dat	e)	To (Date)		
	Name of			ies	From (Dat	e)	To (Date)		
	Name of			ies	From (Dat	e)	To (Date)		
	Name of ganization	Designation	performed	ies	From (Dat	e)	To (Date)		
Or	Name of ganization	Designation als of character and co	performed onduct	ies	From (Dat	e)	To (Date)		
Or	Name of ganization Two testimoni From persons	Designation als of character and co	performed onduct al) (From	ies	From (Dat	e)	To (Date)		
	Name of ganization Two testimoni From persons Principal Prof	Designation als of character and co of standing (In Origina fessors, M.P.s, M.L.A's	performed onduct al) (From	ies	From (Dat	e)	To (Date)		
Or	Name of ganization Two testimoni From persons Principal Prof	Designation als of character and co	performed onduct al) (From	ies	From (Dat	e)	To (Date)		
14.	Two testimoni From persons Principal Prof or State Govt.	Designation als of character and co of standing (In Origina fessors, M.P.s, M.L.A's	performed onduct al) (From Central	ies	From (Dat	e)	To (Date)		
14.	Name of ganization Two testimoni From persons Principal Prof or State Govt. Name and full	Designation als of character and co of standing (In Origina fessors, M.P.s, M.L.A's Class I Officers.	performed onduct al) (From Central				To (Date)		
Or	Two testimoni From persons Principal Prof or State Govt. Name and full Two pharmacy	Designation als of character and co of standing (In Origina fessors, M.P.s, M.L.A's Class I Officers. address and Telephon	performed onduct al) (From Central						
14.	Two testimoni From persons Principal Prof or State Govt. Name and full Two pharmacy	Designation als of character and co of standing (In Origina essors, M.P.s, M.L.A's Class I Officers. address and Telephon y professional who per	performed onduct al) (From Central se No. of sonally ence can						
14.	Two testimoni From persons Principal Prof or State Govt. Name and full Two pharmacy know the App be made. (Pers	Designation als of character and co of standing (In Origina fessors, M.P.s, M.L.A's Class I Officers. address and Telephon y professional who per-	performed onduct al) (From Central ee No. of sonally ence can estimonials						
14.	Two testimoni From persons Principal Prof or State Govt. Name and full Two pharmacy know the App be made. (Personal Profosity of the School o	Designation als of character and co of standing (In Origina fessors, M.P.s, M.L.A's Class I Officers. address and Telephon y professional who per olicant to whom a refere	performed onduct al) (From Central ee No. of sonally ence can estimonials in.						
14.	Two testimoni From persons Principal Prof or State Govt. Name and full Two pharmacy know the App be made. (Personal of the Certificate of the Cer	Designation als of character and co of standing (In Origina fessors, M.P.s, M.L.A's Class I Officers. address and Telephon y professional who per olicant to whom a refere son who have issued to referred in this Column	performed onduct al) (From Central e No. of sonally ence can estimonials in.						
14.	Two testimoni From persons Principal Prof or State Govt. Name and full Two pharmacy know the App be made. (Personal Should not be Certificate of County the Registress	Designation als of character and co of standing (In Origina fessors, M.P.s, M.L.A's Class I Officers. address and Telephon y professional who per olicant to whom a refere son who have issued to referred in this Colum Good Standing will be i	performed onduct al) (From Central ae No. of sonally ence can estimonials an. issued uncil.						
14.	Two testimoni From persons Principal Prof or State Govt. Name and full Two pharmacy know the App be made. (Personal of the Certificate of the Cer	Designation als of character and co of standing (In Origina fessors, M.P.s, M.L.A's Class I Officers. address and Telephon of professional who perform to whom a reference son who have issued to referred in this Column Good Standing will be in ar, State Pharmacy Column	performed onduct al) (From Central ee No. of sonally ence can estimonials in. ssued uncil. ly made						

Date

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.

Registrar

Uttarakhand Pharmacy Council
Dehradun