

**Application Form for Obtaining a certificate of
Good Standing**

1. Name of the applicant with address as give in : _____
the State Pharmacist Register
2. Present Address : _____

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: 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)

12. 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 _____

13. Name and full address and Telephone
No. of two pharmacy professional who
personally know the applicant to
whom a reference can be made.
(Persons who have issued testimonials
should not be referred in this Column.

14. 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.

15. Complete postal address of the
concerned body / institution
requiring the Good Standing
Certificate.

Date.....

SIGNATURE OF THE CANDIDATE

Recommendation of the STATE PHARMACY COUNCIL:

Certified that the particulars 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
proceedings had been taken or were in progress against him / her on this day by this council.

Date 20

REGISTRAR

State Pharmacy Council