## Application Form for Obtaining a Certificate of Good Standing

| 1. Name of the applicant with address as given 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. Registration No. and date:   |   |
| 9. Date of validity:  |   |
| 10. Place at which he has worked during the :<br>Last 5 years with full details (Please use<br>Separate sheet if space is not sufficient)                                 |   |
| Name of Organization  |   |
| Designation   |   |
| Nature of duties performed  |   |
| From (Date)   |   |
| To (Date)   |   |
| 11. Two testimonials of character and conduct from persons of standing, (INORIGINAL) From Principal, Professors, M.P.s, M.L.A.'s, Central or State Govt. Class I Officers |   |
| 12. Name and full address and Telephone No. of two pharmacy professional who personally know the applicant to whom a reference can be                                     |   |

13. List of documents attached with this Application

should not be referred in this Column.

made.(Persons who have issued testimonials

- (1) Certified copy of D.pharm/B .pharm Certificate(2) Original Registration certificate No and two Xerox copies of Registration certificate
- (3) Original Receipt of renewal/re entry

- (4) Certified copy of each page of passport (if not migrated certify copy duly certify by Gazetted officer of Gujarat or central Gov. and if migrated duly certified respective state Notary)
- (5) Copy of Brochure/Bulletin/information pack of general requirement of respective State.
- (6) Two envelopes (size 12 X 28 c.m ) with postage stamps.

Note – Application for Good Standing Certificate should be submitted before 6 weeks.

| Date    | SIGNATURE OF THE APPLICANT |
|---------|----------------------------|
| Date 20 |                            |

## Undertaking

If any information or document submitted by me with the application for good Standing is proved false, I shall be held responsible and my registration shall stand cancelled with immediate effect without any notice and I will not be subjected or will not be entitled to get any soft of relief under section 36 of the Pharmacy Act,1948,and further I am aware that may have to face legal action for preparing submitting forged documents and misleading the Council.

Signature of the Applicant