

**TO WHOM IT MAY CONCERN.**

This is to certify that Miss/Mr. \_\_\_\_\_ S/o Mr.  
\_\_\_\_\_ R/o \_\_\_\_\_  
who stands registered as Pharmacist with the J&K Pharmacy Council vide Registration  
number: \_\_\_\_\_, Dated: \_\_\_\_\_ valid up to  
\_\_\_\_\_ continues to pursue practice and profession of  
Pharmacy in the state.

He is well versed with the Pharmacy practices and his  
credentials/present good character is testified.

1. Name of Ist Registered

Pharmacist \_\_\_\_\_

S/o \_\_\_\_\_

R/o \_\_\_\_\_

Registration no: \_\_\_\_\_.

Valid up to \_\_\_\_\_.

Signature: \_\_\_\_\_

Mobile no: \_\_\_\_\_.

Aadhar No: \_\_\_\_\_.

2. Name of the 2nd Registered

Pharmacist \_\_\_\_\_

S/o \_\_\_\_\_

R/o \_\_\_\_\_

Registration no: \_\_\_\_\_.

Valid up to \_\_\_\_\_.

Signature: \_\_\_\_\_.

Mobile no: \_\_\_\_\_.

Aadhar No: \_\_\_\_\_.

Dated: