

Specimen copy for obtaining duplicate certificate

Complete name and address of pharmacist

Date: _____

To,
Registrar,
Gujarat State Pharmacy Council
Old Nursing College Building,
Block No. - 4/A, 3rd Floor,
Opp. Cancer Hospital, Gate No. - 6,
Asarwa, Ahmedabad - 380016.

Subject: To obtain duplicate certificate

Registration No: _____

Respected Sir,

With reference to above subject, I _____ (name) do hereby inform that my registration number is _____. Registration certificate received from pharmacy council office is lost / destroyed due to following reason _____.

So, I hereby submit following documents to issue me a duplicate certificate. I request you to kindly send me duplicate certificate.

Thanking You,

Yours Faithfully,

(Sign of Pharmacist)

Attachments:

1. True copy of Registration certificate, if available
2. Last Renewal receipt – self attested copy
3. Affidavit for loss or destruction of certificate on Rs. 20/- stamp paper with notary (as per specimen copy)
4. Details of job / business

5. Self Address cover with Rs 40 postal stamp. (size A3)
6. One recent passport size photograph (with full name and true-copy by gazzeted officer / self-attested behind photograph)
7. True copy of school leaving certificate
8. Self-attested copy of D.Pharm / B.Pharm Degree Certificate