

From:

(Name and address of authorized person)

Phone No: _____

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 proof of registration / Good standing certificate / other certificate for (name of pharmacist, registration number – G-)

Respected Sir,

With reference to above subject, I am doing application based on authorization letter by _____
_____ (name of pharmacist) for obtaining
_____ certificate.

With this application, I am attaching details and documents as per pharmacy council requirements. I assure you to provide all details / documents for completion of application as and when required.

Yours Faithfully,

(Signature of Authorized Person)