

Application Form For Good Standing Certificate

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)

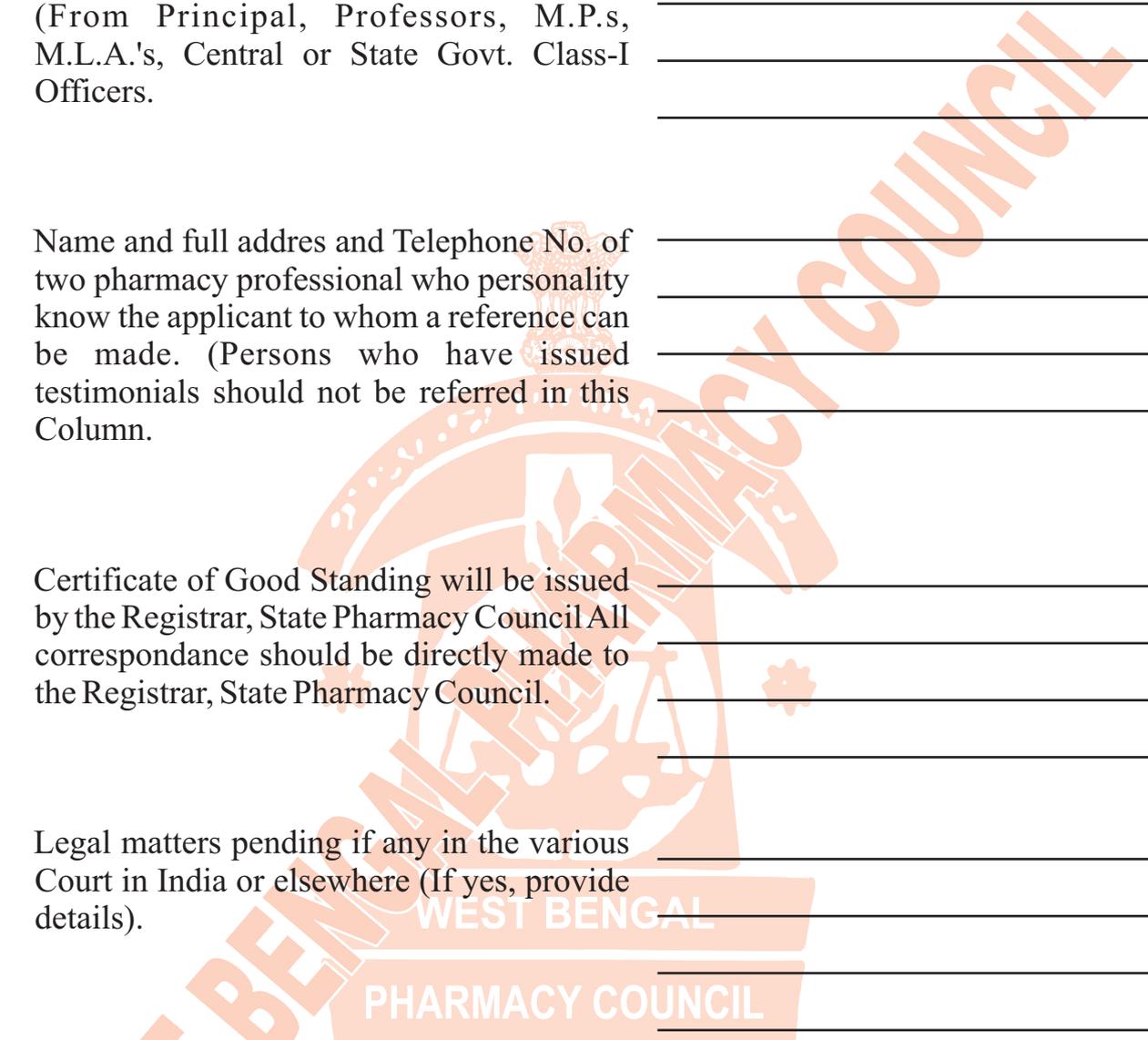
Name of Organization	Designation	Nature of duties performed	From (Date)	To (Date)

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 personality 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 correspondance should be directly made to the Registrar, State Pharmacy Council.

15. Legal matters pending if any in the various Court in India or elsewhere (If yes, provide details).



Date :

SIGNATURE OF THE CANDIDATE

Recommendation of the STATE PHARMACY COUNCIL.

Certificated that the particulars given above the 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

**Guidelines for issue of Good Standing Certificates
to pharmacy graduates to be used by
State Pharmacy Council.**

1. Institute should be approved by PCI u/s 12 of Pharmacy Act. 1948.
2. The applicant is required to submit a request for issue of certificate stating the purpose for which certificate of good standing is required & submit the communication of concerned body / Institution requiring the same.
3. Applicant has to submit the fees of Rs. in the form of D.D. in favour of.....
4. The application form for obtaining certificate of Good Standing is attached as **Appendix-A**

WEST BENGAL
PHARMACY COUNCIL