To,	
Th	e Registrar,
C.0	G. State Pharmacy Council,
Ra	ipur (CG)
Subject: A	Application for Issuing Duplicate Registration Certificate.
Sir,	
Certificate	is is to inform you that, I have lost my original copy of the Pharmacist's Registration is issued by C.G. State Pharmacy Council. I am here enclosing copy of F.I.R. made, avit. The details are as below regarding me.
(ii)	Name: Father's/Husband's Name: Present Residential Address:
(iv)	Permanent Residential Address:
(v)	Mobile No:
(vi)	Registration No:
(vii)	Date of Registration:
(viii)	Registration valid up to:
I request you to kindly issue me the duplicate copy of the Pharmacist's Registration Certificate at your earliest & I am ready to pay the prescribed fees of rupeestowards this.	
Date:	
Place: (Name & Signature of applicant)	
Encl: (i) Copy of FIR (ii) Affidavit (iii) 3 P.P Color Photo (iv) Xerox copy of Registration Certificate.(iv) Attested Xerox copy of 10 th & 12 th Mark sheets (v) Attested Xerox copies of Diploma/Degree/Pharm.D. Mark sheets.	