

### Application form for issuing Good Standing Certificate

1. Name of the applicant: \_\_\_\_\_
2. S/D/W of: \_\_\_\_\_
3. Present/Permanent Address: \_\_\_\_\_  
\_\_\_\_\_ Mob No: \_\_\_\_\_ Email: \_\_\_\_\_
4. Qualifications: \_\_\_\_\_
5. Name of the College: \_\_\_\_\_
6. Name of the University: \_\_\_\_\_
7. Year of admission: \_\_\_\_\_
8. Year of passing: \_\_\_\_\_
9. State Pharmacy Council with which registered: \_\_\_\_\_
10. Registration No. and date: \_\_\_\_\_
11. Date of validity of Registration: \_\_\_\_\_
12. Place at which worked during the last 5 years with full details

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

13. Name and full address and Contact No. of **two** pharmacy professionals who personally know you & to whom a reference can be made.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

14. Purpose for getting Good Standing certificate: \_\_\_\_\_

**15.** Communication address of the authority/Body in abroad with email Id:

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**16** Please enclose

(1) Letter / communication of the authority/Body in abroad asking for good standing certificate

(2) Copy of your Registration Certificate & ID proof

I hereby request you to issue good standing certificate and I am agree to pay the fee of Rs\_\_\_\_\_ to issue this certificate.

Date.....

Name & Signature of candidate