

Specimen Copy

Self-Declaration letter if studies are going on

Complete name and address of pharmacist

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

Respected Sir,

I, undersign, _____ (full name) _____ currently pursuing _____
(name of course) _____ from _____ (name of college) _____ ,
affiliated to _____ (name of university) _____ . If

I got pharmacist certificate, then I will practice in Gujarat after completion of my studies. I will ensure that it will not be misused by me or any other person. It shall be my personal responsibility. I hereby submit declaration for the same.

Yours Faithfully,

(Name & Sign of Pharmacist)