

Annexure-II (Bridge)

Certificate of practice experience in a community pharmacy (under regulation 4.iii.a. of the Bachelor of Pharmacy (Practice) Regulations, 2014)

This is to certify that _____, R/o _____
(Name of the candidate) (Permanent address)

having Pharmacist Registration No. _____

registered with _____
(Name of the State Pharmacy Council)

is working / has worked as a pharmacist in the community pharmacy(ies) as per following details -

S. No.	Name, Address of the community pharmacy	Licence No. *	Period		Enclose copy of Licence certificate as Appendix No.
			From (Date)	To (Date)	

* Licence No. of the community pharmacy issued under Drugs and Cosmetics Act, 1945 indicating applicant's name as a registered pharmacist.

Name of the Competent Authority _____

Signature with date _____

Seal of the Competent Authority _____

Note: The competent authority means and includes an officer in the Drugs Control Department under the Drugs and Cosmetics Act 1948 not below the rank of Assistant Drug Control Officer.