



IDENTITY SLIP

Maharashtra State Pharmacy Council

(To be attested)

This is to certify that I know
Shri./Smt. _____

Residing at (Address) _____

Passport
Size, front pose,
Recent photo
3.5cmX4.5cm

for the last _____ Years and he/she bears good moral character. I Further
certify that the adjunct photograph & Specimen signatures in quadruplicate (4) of Shri /
Smt. _____ are recent.

**Signature & SEAL of
the Principal of your Pharmacy
college**

Applicant's Signatures

Note: To be submitted in hard copy at the time of Appointment Scheduled.