CHARACTER CERTIFICATE

This is to certify that I know Shri./Smt./Ku. .... S/o./D/o. Shri./Smt .... residing at ..... (House) ..... (Place) .....(post) .....(district) PIN: ..... is personally known to me for ..... years, and Shri./Smt./Ku. .... bears a good moral character and to the best of my knowledge he/she has not involved in any criminal or unlawful activities.

He/She is not my relative

This Certificate is issued to produce before the Kerala State Pharmacy Council.

(*Signature)*

(*Office Seal)*

Place:
Date:

Name & Designation of attesting officer