From :

To :

The Registrar
Kerala State Pharmacy Council
Thiruvananthapuram

Declaration

I have completed my B'Pharm / Pharm'D from ……..…….
……..
during the period from …… to …… I have received only Provisional Certificate and I will produce the Original Degree Certificate as soon as I receive from the University.

Kindly issue me Pharmacy Registration with the Provisional Certificate.

Date :

Signature :