



PONDICHERRY PHARMACY COUNCIL
(STATUTORY BODY CONSTITUTED UNDER SECTION 19 OF THE PHARMACY ACT, 1948)
Govt. Pharmacy Campus, Indira Nagar, Gorimedu
Puducherry-605 006.
Web: ppc.org.in/ Email: ponphacil@gmail.com



Ref.No.

Date:

To,

CERTIFICATE OF GOODSTANDING

This is to certify that Mr./Ms.....S/D/o....., is a registered Pharmacist of this Council vide Council Registration Certificate No. dated and is entitled to all the privileges granted under The Pharmacy Act, 1948 to practice pharmacy in the state of Puducherry. He/She has renewed his/her certificate up to March..... No disciplinary proceedings have been taken or are in progress against his/her on this date by this council. His/Her details as per records are as follows.

Name :
Father's Name :
Date of Birth :
Registered Address :
Graduated Year :
Graduated College :
Graduated University :

Seal

Registrar