**Performa - C**

**To be written on college letter head**

No. Date:-

To,

The Registrar,

Rajasthan Pharmacy Council,

Government Dispensary Campus,

Sardar Patel Marg, Jaipur – 302001

 Subject: - Regarding verification of pharmacy diploma/degree course of students.

 Reference: - Your good office letter no …………………….. Dated ………………

Sir,

1. With reference to your above office letter it is to inform you that following student(s) have been declared as having passed the pharmacy.

 **Table**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of students** | **Father name** | **Enrollment No (Roll No)** | **Year of admission** | **Year of passing** | **Name of course passed** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. I am also assure and affirm that above students had completed their D. Pharm/B. Pharm course after duly complying with the Provisions of education regulations laid down by Pharmacy Council of India, New Delhi and also assure that all the pharmacy educational documents produced and submitted by them for pharmacist registration to Rajasthan Pharmacy Council are genuine.
2. I assure and confirm that above student/s had admitted within approved intake capacity granted by Pharmacy Council of India, New Delhi.
3. I have also submitting to you complete list of all D. pharmacy/B. pharmacy pass out students of above session/batch as mentioned in table.

 Therefore you are requested to register the above mentioned students as **“Registered Pharmacists”** in Rajasthan Pharmacy Council.

**Enclosure: - As above (List of pass out students)**

**Signature**

**&**

**Seal of college**

**Details of verifier**

|  |  |
| --- | --- |
| **Name of verifier** |  |
| **Post of verifier** |  |
| **Mobile no of verifier** |  |
| **Adhar no of verifier** |  |
| **PCI code no of college** |  |
| **Name of college & Address** |  |
| **Name of university & address** |  |