Application Form for Good Standing Certificate

Date:

To
The Registrar,
Andhra Pradesh Pharmacy Council,
SMC Compound, Gunadala,
Vijayawada, NTR-520008.

Latest passport size photo

Sub: Issue of Good Standing Certificate request to registrar.
Respected Sir/Madam,

       I _____ resident of AP and registered with A.P. Pharmacy Council bearing Registration Number:_____ dt_____. request you to kindly issue a good standing certificate which is to be submitted to the examining authority _____ for the purpose of _____.
I have worked/not worked as Registered pharmacist in AP for_____ years/months. I have not done any professional mistakes and no complaints against me.

1.Name and Address of the applicant in AP:

2.Registration Number & Date   :

3.Renewal Validity   :

4. Working Status   :

5. Experience in India(documents enclosed):

6. Experience in other country   :
    (documents enclosed)

7.Name & Address of the Examining

      Authority to whom to be send

(contact person name, phone number)

8. Visa validity   :

9. Present Address of the applicant   :

10.Mobile number & Email Id   :

11.Citizenship of the Country   :

       I agree that i do not have any criminal cases or any pending cases against me. I am also remitting the requisite amount for the issue of Good Standing certificate. I hereby declare that above mentioned details are correct and attached the required documents as per checklist.

Thanking you,
(Signature of the applicant)

List of enclosures

1. Application form
2. Original Registration certificate front and backside
3. SSC
4. Intermediate
5. D. Pharm/ B Pharm/ Pharm D. Degree certificate issued by university.
6. Experience letters (India or abroad)
7. Passport Name , Address pages and all stamped pages(including visa)
8. Visa
9. Video call (Phone.No:8374379304) (if residing in abroad)
10. Postal charges
11. Address of the examining authority shall be mentioned correctly in the application. It is the responsibility of the candidate (applicant)