

Annexure-III(Bridge)

Certificate of practice experience in a hospital pharmacy (under regulation 4.iii.b. of the Bachelor of Pharmacy (Practice) Regulations, 2014)

This is to certify that _____, R/o _____
(Name of the candidate) (Permanent address)

having Pharmacist Registration No. _____

registered with _____
(Name of the State Pharmacy Council)

is working / has worked as a pharmacist in the hospital pharmacy(ies) as per following details -

S. No.	Name, Address of the hospital pharmacy	Period	
		From (Date)	To (Date)

Name of the Competent Authority _____

Signature with date _____

Seal of the Competent Authority _____

Note: The competent authority means and includes -

- Principal of the Medical College.
- Medical Superintendent of the Hospital.
- Head of the dispensary / health unit.