

Annexure-IV (Bridge)

Format for 'No Objection Certificate' from the Employer (under regulation 4.iv. of the Bachelor of Pharmacy (Practice) Regulations, 2014)

This to certify that _____ son/daughter of _____
(Name of the candidate) (Father's name)
having Pharmacist Registration number _____ is working in this Institution/
Pharmacy as _____ since _____.
(Designation)

The undersigned has no objection if he / she gets himself / herself admitted in the Bachelor of Pharmacy (Practice) Course for the session _____.

He / She will be allowed to attend the course and facilities will be provided for carrying out the assignments as part of the course in this Institution/Pharmacy.

Name of the Employer :

Complete postal address of the employer :

STD Code _____ **Tel.No.** _____

Fax No. _____ **Mobile No.** _____

E.Mail _____ **Website** _____

Licence number under Drugs and Cosmetics Act, 1940 : _____
(applicable in case of community pharmacy)

Signature and Date :