

**CANDIDATE VERIFICATION FORM BY GAZETTED OFFICER**

This is to certify that Sri/Smt. \_\_\_\_\_

S/D/O \_\_\_\_\_ with pharmacist registration

Certificate.no. \_\_\_\_\_ dated \_\_\_\_\_ is here with appeared and signed before me.

His/Her passport size photo and signature is attested by me with date and seal.

**Signed before me.**

Signature of the Pharmacist.

Latest passport  
size photograph  
attested by  
Gazetted officer  
along with date  
and seal.

Address of the Pharmacist:

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Name:

Designation:

Date:

Office Seal: