

Certificate to be submitted by Registered Pharmacist having age of 65 or above

ALIVE CERTIFICATE

Certified that I have seen the Pharmacist
..... (Name of Pharmacist) holder of
Pharmacist Registration No..... and that he/she is alive on this
date.

Signature of Pharmacist.....

Signature
Name and Designation of the Authorized
Officer
(Seal)

Place:
Date: