

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: