Annexure -"A"

I……Principal of College ……My Registration No is …… of …….. State Pharmacy Council. I Submit that the Student Mr. /Miss/Mrs. …… S/o/D/o Sh. …… has taken admission in our College on …… Roll. No. …… for session …… He/She passed 10+2 from ……(Board Name) bearing Roll. No. …….. Year of passing……..has been verified from the concerned board/University found correct vide their Verification Letter memo No. ……dated…….(Attested copy attached) (Principal

Signature with Registration No.)

Principal Name …….

College Name …….

……

Address of College ……..

……

District……..

State……..