

1 Student Name	2 Father's Name	3 Year of Admission/Passing	4 Total Attendances

This is certified that Student Name-----S/o -----passed

Diploma/Degree/M Pharmacy/Pharm-D form this institution. Sh. -----attended -----

out of-----classes.

This institution having all faculty as per PCI Norms/Rules. I am responsible for above statement.

Principal
(Name of Principal
With Qualification)
Only Principal Signature is valid