

From :

To :

The Registrar  
Kerala State Pharmacy Council  
Thiruvananthapuram

## Declaration

I have completed my B' Pharm / Pharm' D from -----  
-----  
during the period from ----- to ----- . I have received  
only Provisional Certificate and I will produce the Original Degree Certificate as  
soon as I receive from the University.

Kindly issue me a Registration with Provisional Certificate.

Date:

Signature: