

APPLICATION FORM FOR THE SUBSEQUENT GOODSTANDING LETTER

To
The Registrar,
Maharashtra State Pharmacy Council
R-Square, 4th Floor, Opp.E.S.I.S. Hospital,
Lal Bahadur Shastri Marg,
Mulund (W), Mumbai – 400 080

For office use only

Collection Date : _____

Collection time : _____

Sub :- Issue of Subsequent Letter of Goodstanding.

Madam,

I request you to kindly issue me a **Subsequent** Letter of Goodstanding which is to be submitted to the foreign Board/University Council to enable me to appear for the examination. I give below my registration particulars and other details :-

1	Name and address (in India) of the Applicant	
2	Tel..No./Mobile No.	
3	Email ID	
4	Registration No. & Date	
5	Name and address in full of the FOREIGN Board /Authority/Council to whom the letter is to be addressed	
6	EE No., if any (Identification No. given by the foreign Board/Authority/Council)	
7	Applicant's address in foreign country	
8	Previous Letter of Goodstanding issued	Date :- Country :-

I am submitting herewith original /photocopies of Previous Letter of Goodstanding for your ready reference. I am also remitting Rs.1000/- for issue of Subsequent Letter of Goodstanding.

Thanking you,

Yours faithfully,

(_____)