

**APPLICATION FORM FOR THE LETTER OF GOODSTANDING
FOR OFFICE USE**

Receipt no -	Inward no -	Collection date-
Amount	Date-	Time-
Date	sign-	Forwarded to -

To
The Registrar,
Maharashtra State Pharmacy Council
E.S.I.S. Hospital Compound, L.B.S. Marg, Mulund (West)
Mumbai - 400 080

Sub :- Issue of Letter of Goodstanding.

Sir/Madam,

I request you to kindly issue a 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 :
Tel.No./Fax

- 2) Registration No. & Date :

- 3) Qualification at the time of registration and :
Name of the College and University (photocopy of
College leaving certificate is enclosed)

- 4) Additional qualification if any, :

- 5) Renewal Status : Up to _____/ NRD Participant

- 6) Name and address in full of the
Board/University/Council to whom
the letter is to be addressed :

- 7) EE No., if any (Identification No. given by the
Board/University/Council) :

- 8) Applicant's address in foreign country :
Tel.No. & E-mail

- 9) Present occupation in foreign country :

I hereby surrender my original registration certificate (along with two photo copies) and also original Pharmacist's Professional Profile (if issued). I am also remitting the requisite amount for issue of Letter of Goodstanding.

Thanking you

Signature- _____

Name- _____