APPLICATION FORM FOR **SUBSEQUENT** LETTER OF GOODSTANDING

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 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	Email ID of the concerned FOREIGN Board/Authority/Council	
7	EE No., if any (Identification No. given by the foreign Board/Authority/Council)	
8	Applicant's address in foreign country	
9	Previous Letter of Goodstanding issued	Date :- __ / __ / ____ Country :- _____

I am submitting herewith FRONT AND BACK SIDE OF Registration Certificate for attestation along with Letter of Good standing.

Thanking you,

Yours faithfully,

(_____)