

ON COLLEGE LETTERHEAD

Ref.No:

Date:

To

The Registrar
Karnataka State Pharmacy Council
514/E, I Main, II Stage
Vijayanagar, Bangalore – 560 104

Photo of the student
with seal & signature
of the Principal

Student Study Certificate

Name of the Student						
Father Name / Guardian Name						
Mother Name						
Date of Birth (as per SSLC Marks Card / Birth Certificate or Transfer Certificate)						
Qualification	Admission No. & Date (dd-mm- yyyy)	University / Board	Reg.No.	Year of Admission	Year of passing	PCI Approval Letter No. & Date
D Pharm						
B Pharm						
M. Pharm						
Ph.D						
PharmD						
Pharm D (PB)						

Principal Details

Name of the Principal		KSPC Reg. No.	
Mobile No.		E-mail ID	
Qualification Registered with KSPC <input type="checkbox"/> D.Pharm <input type="checkbox"/> B.Pharm <input type="checkbox"/> M.Pharm <input type="checkbox"/> Ph.D <input type="checkbox"/> Pharm D (Tick whichever applicable)		Highest Qualification	

Signature of Principal with seal

Note: Enclosed PCI Approval letter for the year of Admission