

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

KSPC Reg. No.		Qualification Registered with KSPC (Tick whichever applicable)	Highest Qualification (Tick whichever applicable)
Name of the Principal as per KSPC		<input type="checkbox"/> D.Pharm	<input type="checkbox"/> D.Pharm
Mobile No.		<input type="checkbox"/> B.Pharm	<input type="checkbox"/> B.Pharm
E-mail ID		<input type="checkbox"/> M.Pharm	<input type="checkbox"/> M.Pharm
E-Certificate availed	<input type="checkbox"/> Yes <input type="checkbox"/> No (if 'No' surrender the original certificate issued before 01-01-2017)	<input type="checkbox"/> Ph.D	<input type="checkbox"/> Ph.D
		<input type="checkbox"/> Pharm D	<input type="checkbox"/> Pharm D
		<input type="checkbox"/> Pharm D (PB)	<input type="checkbox"/> Pharm D (PB)

Signature of Principal with seal

Note: Enclosed PCI Approval letter for the year of Admission