



# Odisha State Pharmacy Council Bhubaneswar



*This is to certify that*  
**SHIBARAM SAHU**

*born on (D/B)* **07TH FEB. 1995**

Within signed

**Shibaram Sahu**

*has been duly registered as a  
Registered Pharmacist  
and is entitled to all the privileges granted  
under the Pharmacy Act 1948 (VIII of 1948) \*  
In witness whereof are herewith affixed the seal of the  
Odisha State Pharmacy council and the signature of  
the Registrar-cum-Secretary of the said Pharmacy Council.*

Certificate No. **30567**

★ Under Section **31(a) & 32(2)**

Date of Registration **22 JUN 2017**

Period of Validity till **DEC-2026**

*[Signature]*  
**22.6.17**  
Registrar-cum-secretary

REGISTRAR-CUM-SECRETARY  
ODISHA PHARMACY COUNCIL  
BHUBANESWAR

This certificate is the property of Odisha State Pharmacy Council, Bhubaneswar and is issued to the above named pharmacist.

Every person receiving a certificate under this Act, shall keep the same conspicuously displayed in the place of business where he/she is working in his/her capacity as a registered pharmacist and shall notify to the Registrar-cum-Secretary of the Pharmacy Council any Change of place of business.