



## Maharashtra State Pharmacy Council

Certificate No. .... 55050 .....

Date of Registration .... 25.08.2000 .....

This is to certify that withinsigned

Shri/~~Smt.~~ \_\_\_\_\_ RAFIQUE SK. AMIN H. SHAIKH \_\_\_\_\_

~~S.O./D.O./W.O.~~ \_\_\_\_\_

has been duly registered as  
a Registered Pharmacist

and is entitled to all the privileges granted under the Pharmacy Act, 1948 (8 of 1948).

His/~~Her~~ date of birth as per record is \_\_\_\_\_ 26.09.1979 \_\_\_\_\_ In Witness whereof are herewith affixed the seal of the Maharashtra State Pharmacy Council and the signature of the Registrar of the Pharmacy Council.



Registrar

Every person receiving a certificate under this Act shall keep the same conspicuously displayed in the place of business where he is working in his capacity as a Registered Pharmacist and shall notify the Registrar of the Pharmacy Council any change of place of business.

This certificate is the property of the Maharashtra State Pharmacy Council and is issued to the abovenamed Pharmacist under sub-section (4) of section 33 of the Pharmacy Act, 1948.