



# Kerala State Pharmacy Council

THIRUVANANTHAPURAM - 695035

(Statutory body constitutes under section 19 of the Pharmacy act,1948)

## APPLICATION FORM FOR ORIGINAL CERTIFICATE VERIFICATION

Name : AISWARYA LEKSHMI S P  
Date of Birth : 15-05-1999  
Residential Address : K P NIVAS, KERALAPURAM, CHANDANATHOPE P O,  
PERINAD  
KERALA  
Pincode-691014  
Qualification : Bachelor of Pharmacy  
Name of the college :  
Name of the University : Kerala University of Health Sciences  
Course Period : 2018 To 2023  
Certificate Number(Provisional) : 0175481  
Certificate Issued Date (Provisional) : 07-10-2023  
State pharmacy Council with which registered : Kerala  
Registration Number & Date : 89975 Date : 04-03-2024  
Date of validity : 31-12-2024  
Certificate Number(Original) : 89975  
Certificate Issued Date (Original) : 03-03-2024

Yours faithfully,

Date :26-12-2024

Signature of the Applicant.

### RECOMMENDATION OF THE PHARMACY COUNCIL

Certified that the particulars given above are correct to the best of my knowledge and according to the records available with me. Certified that the Pharmacist holds current registration with this Council and no disciplinary proceedings had been taken or were in progress against him/ her on this day by this council.

Date :

*REGISTRAR,*  
State Pharmacy Council.

For Office Use

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