

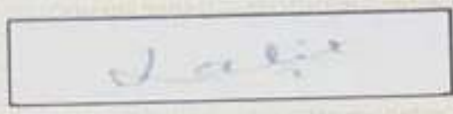


# Uttarakhand Pharmacy Council

## DEHRADUN

**This is to certify that**

**within signed**



**whose photo certified below**

**Sri / Smt / Km** ..... **Lalit Mohan** .....

**S/o. D/o. W/o. Sh.** ..... **Chandra Shekhar** .....

**Address** ..... **H.No.-160, Deena-D Class, Halduchaur, Nainital** .....

has been duly registered as a Registered Pharmacist. u/s 32(2) of the Pharmacy Act 1948 and is entitled to all the privileges granted under the Pharmacy Act 1948 (8 of 1948). In witness whereof are herewith affixed the seal of the Uttarakhand State Pharmacy Council and the signature of the Registrar.



Registrar  
Uttarakhand Pharmacy Council  
Dehradun, Uttarakhand

**Registration No.** ..... **16302** .....

**Date of Registration** ..... **26/11/2018** .....

**Date of Birth** ..... **10/10/1995** .....

**Qualification** ..... **D.Pharm /2018** .....

**Old Registration No** ..... **X** .....

*M.L. Joshi*  
**26-11-18**

**M.L.Joshi**  
**Registrar**  
**Uttarakhand Pharmacy Council**  
**Dehradun**

