

Declaration of the person who has issued Experience Certificate

Name :-

Father's/Husband's Name:-.....

Address :-

.....

I hereby declare that:

1. I/We/Authorized person having drug whole/Retail Sale Licence Number(s) _____
_____ in Form Nos. _____.

2. I/We/Authorized person issued experience certificate in favour of Mr. _____.

S/o/W/o/D/o _____ . He/She has worked in my premises as _____

_____ w.e.f. _____ to _____. He/She is having

sufficient experience and knowledge of purchase and sell of medicine(s).

Place: -.....

Date : -.....

Name :-.....

Signature & Seal :-.....