



## IDENTITY SLIP

Maharashtra State Pharmacy Council

**(To be attested)**

This is to certify that I know  
Shri/Smt \_\_\_\_\_

Residing at (Address) \_\_\_\_\_

Passport  
Size, front pose,  
Recent photo  
3.5cmX4.5cm

for the last \_\_\_\_\_ Years and he/she bears good moral character. I Further  
certify that the adjunct photograph & Specimen signatures in duplicate (2) of Shri /  
Smt. \_\_\_\_\_ are recent.

**Applicant's Signatures**

**Signature and SEAL of the  
principal/Gazette officer/Officer of Equivalent rank (The above officer affixing his  
attestation should be from the Maharashtra State or serving Central Government  
only)**

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Further I, (name of applicant) -----  
----- declare my correct current full residential address as  
mentioned in my residence proofs as below which may be noted and updated by  
MSPC office.

Address details-

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Taluka \_\_\_\_\_ District \_\_\_\_\_

State- \_\_\_\_\_ Pin code \_\_\_\_\_