Student Status Certificate

Date:

This is to certify that Mr/Ms/Dr _____, is / was a MPharm / Pharm D. / PhD student of _____ (institution name & place) starting from date _____ to _____ (mention to present, if still continuing).

His date of birth is _____ (dd/mm/yyyy).

_____

Signature of research guide / department head with the seal of the Institution

Full name of the signatory: _____

Designation: _____

Department: _____