

THE STATE EDUCATION EXAMINERS

Mr. [Name]  
[Address]  
[City, State, ZIP]

[Address Line 2]  
[Address Line 3]

[Address Line 4]  
[Address Line 5]

[Address Line 6]  
[Address Line 7]

[Address Line 8]  
[Address Line 9]

[Address Line 10]  
[Address Line 11]

[Address Line 12]  
[Address Line 13]

[Address Line 14]

## CONSENT LETTER

I, Dr. Arun Kumar, Principal, Government Higher Secondary School  
(School Code: 1000000)

do hereby consent to the placement of the Government of Karnataka  
(State ID number: 1000000)

to use the school premises for educational purposes

My Qualification is as under

a. B. Tech

b. M. Tech

c. Professional/Engineering

d. Ph.D.

I, Dr. Arun Kumar, Principal, Government Higher Secondary School, Government of Karnataka  
(School Code: 1000000)

do hereby consent to the placement of the Government of Karnataka  
(State ID number: 1000000)

to use the school premises for educational purposes  
(School Code: 1000000)

I, Dr. Arun Kumar, Principal, Government Higher Secondary School, Government of Karnataka  
(School Code: 1000000)

do hereby consent to the placement of the Government of Karnataka  
(State ID number: 1000000)

to use the school premises for educational purposes

Signature of Parent: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Date: 10/10/2023



BEFORE ME, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, State of Texas.

**ANNOUNCEMENT**

\_\_\_\_\_

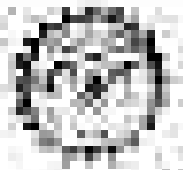
**NOTICE**

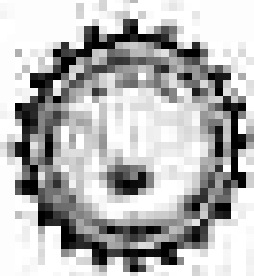
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(Proceedings of the Council of Ministers, 1950-51)  
The Council of Ministers  
of the Government of India  
and the Government of India  
Ministry of Finance  
New Delhi

**Dr. B. D. Joshi**, Minister in Charge, Ministry of Finance,  
Government of India  
New Delhi

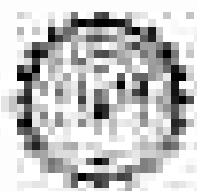
**ANNOUNCEMENT**

The Government of India have the pleasure of announcing that the

**First Edition**

will be published in

1951, at a price of



Printed and Published by  
the Government of India  
New Delhi

# WEST BENGAL PHARMACY COUNCIL

Flat No. 504, APT Ashiana Complex  
Chitra, Larkana I.P. GHATA



Reg. No. \_\_\_\_\_  
 Date of Registration \_\_\_\_\_  
 Name of the Candidate \_\_\_\_\_  
 (Type in block letters) \_\_\_\_\_



Name of the Candidate \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Address of the Candidate \_\_\_\_\_

has been duly examined and is found to be fit to be admitted as a  
 Graduate Pharmacist  
 and is entitled to all the privileges granted under the  
 Pharmacy Act 1947 (25) of 1948. It is hereby stated that  
 the Council affords the aid of the West Bengal Pharmacy  
 Council and the signature of the registrar of the said  
 Pharmacy Council.

Qualification \_\_\_\_\_  
 Registration \_\_\_\_\_

*(This certificate and every other benefit arising therefrom are liable to be cancelled if the holder thereof is found to be guilty of any offence under the Pharmacy Act 1947)*

1. Every Registered Pharmacist should carry on the Register a certificate of his name in the English and Hindi languages and also a certificate of his name in the Bengali language if he is a native of West Bengal.
2. Every Registered Pharmacist should carry on the Register a certificate of his name in the English and Hindi languages and also a certificate of his name in the Bengali language if he is a native of West Bengal.
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