To,

The Registrar,
C.G. State Pharmacy Council,
Raipur (CG)

Subject: Application for Issuing Duplicate (Tick Which Ever is required)

☐ **Duplicate Registration Certificate**. ☐ **Duplicate Renewal Certificate**

Sir,
This is to inform you that, I have lost my original copy of the Pharmacist's Registration Certificate/ Renewal Certificate issued by C.G. State Pharmacy Council. I am here enclosing copy of F.I.R. made, with affidavit. The details are as below.

(i) **Name:** ……
(ii) **Father's/Husband's Name**:……
(iii) **Present Residential Address:**……
……..
…….
(iv) **Permanent Residential Address**: ……
…….
……..
(v) **Mobile No**: …….
(vi) **Registration No**: …….
(vii) **Date of Registration**: …….
(viii) **Registration valid up to**: ……

I request you to kindly issue me the duplicate copy of the Pharmacist's Registration Certificate/ Renewal Certificate at your earliest & I am ready to pay the prescribed fees rupees……. towards this.

Date: ……...
Place: ……

(Name & Signature of applicant)

Encl : (i) Copy of FIR (ii) copy of Affidavit

Note- (Make one pdf of this application duly filled & signed including copy of FIR & affidavit for uploading)