

**Annexure-A**

I \_\_\_\_\_ Principal of  
College \_\_\_\_\_  
\_\_\_\_\_ My Registration No is \_\_\_\_\_ of \_\_\_\_\_  
State Pharmacy Council. I Submit that the Student Mr./Ms. \_\_\_\_\_  
S/o/D/o Sh. \_\_\_\_\_ has taken admission in our college  
on \_\_\_\_\_ vide Regn. No./Roll.No. \_\_\_\_\_ for  
session \_\_\_\_\_. He/She passed 10+2 from \_\_\_\_\_  
\_\_\_\_\_ (Board Name) bearing Roll. No. \_\_\_\_\_  
year of passing \_\_\_\_\_ which has been verified from the concerned board/University &  
found correct vide their Verification Letter/ Memo No.  
\_\_\_\_\_ dated \_\_\_\_\_ (Attested copy attached).

**(Principal's Signature with Stamp)**

Principal Name \_\_\_\_\_  
College Name \_\_\_\_\_  
\_\_\_\_\_  
Address of College \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
District \_\_\_\_\_  
State \_\_\_\_\_