No Objection Certificate

This to certify that ………………………………….son/daughter of ……………………………………..is working in this institution/Pharmacy as …………since ………………...and the undersigned has no objection if he gets himself admitted in the Bachelor in Pharmacy (Practice) Course for the session…………….. .

He will be allowed to attend the course and facilities will be provided for carrying out the assignment as part of this course in this Institution/Organization.

Signature and Seal of the authorized person.

…………………………………………….