

FORM D

(Pharmacy Board Act, Ch. 29:52)

**DECLARATION BY HOSPITAL OR
PHARMACEUTICAL INDUSTRIAL ESTABLISHMENT
APPROVED BY THE COUNCIL**

I,
*(Name of the Administrator of Hospital or Officer in
Charge of Pharmaceutical Industrial Establishment)*

of the
(The hospital or other establishment)

.....
*(Designation or title of administrative head of hospital or other
establishment)*

DO HEREBY DECLARE

that
(Name of pre-registration pharmacist)

has actually and diligently served and been employed at the

.....
(Name of hospital or other establishment)

as a pre-registration pharmacist for the whole period of six months with effect from

.....day of 20XX
during which he gained pre-registration experience in accordance with the Pharmacy
Board Act as a pre-registration pharmacist for the period of months with effect

from day of 20.....

Dated this day of, 20.....

.....
*Signature of Administrator or
Administrative Head of Hospital
or Establishment*