# APPLICATION FOR PERMISSION TO APPLY FOR ISSUE OF CERTIFICATES

Date: ____/____/_____

To
The Principal,
Santhiram College of Pharmacy,
Nandyal.

**Subject:** Request for permission to apply for the issue of PC/CMM/CCC-req-reg.

**Respected Sir,**

I, Mr./Ms. _____, Hall Ticket No. _____, a student of B.Pharmacy/Pharm.D/M.Pharmacy (Branch/Specialization: _____), have successfully completed all the academic requirements prescribed under the R_____ Regulations.

**I request you to kindly permit me to apply for the following certificate(s).**
Certificates Required (✓):
☐ Provisional Certificate (PC)
☐ Consolidated Marks Memo (CMM)
☐ Course Completion Certificate
☐ Others: _____

**Purpose:**
☐ Higher Studies
☐ Employment
☐ Pharmacy Council Registration
☐ Others: _____

I declare that I have cleared all academic and financial dues of the College and enclosed the No Due Certificate. I therefore request you to kindly grant permission to apply for the above certificate(s).

Thanking you.

Yours faithfully,

Student Signature : _____
Name : _____
Hall Ticket No. : _____
Programme : _____
Mobile No. : _____
E-mail ID : _____