**EMAIL TEMPLATE**

**APPOINTMENT LETTER FOR PHARMACY COMPANY**

To - - - - - - - - - - - - - - - - - - - - - - - - - - -- - - - - - - - - - - - - -

Registration No: - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Sir,

You are appointed on whole time basis for supervision of sale of Allopathic drugs by retail under the name & style of M/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the premises \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on monthly salary of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**  only with effect from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ towards engagement of qualified person required under Explanation **(ii)** below Rule 65 **(15)** of The Drugs and Cosmetics Act, & Rules framed there under for the purpose of licences in Para Nos: 20 & 21.

Please record your acceptance & joining herein.

PROPRIETOR / PARTNER OF M/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCEPTED & JOINED THIS \_\_\_\_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I am not engaged elsewhere as a pharmacist. My particulars are true to be signed in record form with photograph.

**Signature & Date:**

**Registration Number:**