

**The Health Master**

To

date

**M/s** .....

.....

.....

**D.L.** .....

**Subject: - Resignation from Post of Registered Pharmacist / Experience Person**

I was working as a Regd. Pharmacist / Experience Person at your above said firm. Due to personal reasons I am submitted my resignation from your firm. Relevant details are given below:-

<b>My Name</b>	
<b>S/o Sh.</b>	
<b>Regn. No. (HSPC)</b>	
<b>Regn. date</b>	
<b>Date of Resignation</b>	

I will not be responsible for any sale and purchase after above said date. This is for your kind information please.

(Signature with date)  
Regd. Pharmacist  
Or Experience Person

(Signature with date)  
Prop./ Partner / Director

CC: Licensing Authority.....  
Area Drugs Control Officer.....