

25736

GOVERNMENT OF KERALA

Reg. No...Z4050.....



BOARD OF D. PHARM EXAMINATIONS

## DIPLOMA IN PHARMACY

*This is to certify that Sri./Smt...MOHAMMED.....  
.....SABIN SALIM.....*

*has been awarded the Diploma in Pharmacy, he/she having been certified by a duly appointed Board of Examiners to have passed the Final Diploma in Pharmacy Examination held in...MAR.-2018....and having completed the practical training under Regulation 14 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He/she was placed in the ..FIRST.....Class*

Thiruvananthapuram,  
Dated : 03-01-2019



*Chairman*

CHAIRMAN

Board of Examiners

# Pharmacy Council



of the  
**State of Kerala**  
THIRUVANANTHAPURAM



Certificate No. **66982**

Date **08-02-2019**

This is to certify that **Mr. MOHAMMED SABIN SALIM**

D. O. **07-01-1992** S/o. **SALIM T**

has been duly registered as a Registered Pharmacist and is entitled to all the privileges granted under authority of an Act to regulate the practice of pharmacy in the state of Kerala, being Central Act 8 of 1948 as amended.

In witness whereof are herewith affixed the seal of the Kerala State Pharmacy Council and the signature of the Registrar of the said Pharmacy Council.

Every person receiving a certificate under the said Act shall keep the same conspicuously exposed in his/her place of business and shall notify the Registrar of the Kerala Pharmacy Council his/her change of place of business.



  
Registrar

This certificate is the property of the Kerala State Pharmacy Council, Red Cross Road, Thiruvananthapuram-35, and is issued to the above named pharmacist under sub section (4) of section 33 of the Pharmacy Act, 1948 as amended.

SL. NO. 56364

## BIO DATA

NAME : MOHAMMED SABIN SALIM  
SABIN MANZIL  
DESABHIMANI JN ROAD  
PERUMPADAPPU, PALLURUTHY P O  
KOCHI - 6

AGE, D.O.B : 27 YRS, 07.01.1992  
SEX : MALE  
RELIGION & CAST : ISLAM - MUSLIM  
MARITAL STATUS : SINGLE  
NATIONALITY : INDIAN  
FATHER'S NAME : T SALIM  
CONTACT NO. : 9895466296  
MAIL ID : mohammedsabin999@gmail.com

### LANGUAGES KNOWN :

- MALAYALAM, HINDI, ENGLISH AND TAMIL

### EDUCATIONAL QUALIFICATION:

- SSLC
- +2

### PROFESSIONAL QUALIFICATION:

D PHARM

### EXPERIENCE:

3 MONTHS EXPERIENCE AS A TRAINEE PHARMASIST IN GOV. TALUK HOSPITAL AT FORTKOCHI.

### DECLARATION

I Hereby Declare That The Above - Mentioned Details Are True To The Best Of My Knowledge And Belief

PLACE: PALLURUTHY

DATE:



MOHAMMED SABIN SALIM