

**From:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**To,**

\_\_\_\_\_

Sub.:- **APPOINTMENT AS REGISTERED PHARMACIST**

Dear Sir,

In consideration of the discussion between us, it is to communicate you that you have been appointed as a "**REGISTERED PHARMACIST**", in my Shop: **M/S.** \_\_\_\_\_, situated at above address. On following terms and conditions.

1. You will have to report for joining as Pharmacist from \_\_\_\_\_
2. Your working hours will be from \_\_\_\_\_ a.m. in morning to \_\_\_\_\_ p.m.
3. You will be entitled for a weekly off on every \_\_\_\_\_.
4. You will be paid the monthly salary of Rs. \_\_\_\_\_/- month.
5. In routine course of business you will have to look into the purchases and sales of all medicines/ cosmetics and consumer products.
6. You will have to keep the purchase bills as required under the provisions of Rule 65 of the Drugs and Cosmetics Act, 1940 and the rules thereunder.
7. You will have to keep the update records of daily sale and purchases of all the items.
8. In cases of your absenteeism your salary will be deducted on daily basis.
9. You will be entitled to get the salary through cheque or ecs. You have to disclose either option for this transaction.

If you agree to work on above conditions, plz confirm in writing your consent. You will have to sign an affidavit for this agreement between us.

(This appointment letter will be produced to the concerned authorities of the Food and Drug Administration for further legal compliances).

**Yours**

\_\_\_\_\_  
**(PROPRIETOR)**

\_\_\_\_\_  
**CONSENT OF THE PHARMACIST**

**ACCEPTANCE LETTER**

**From :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**To,**

\_\_\_\_\_  
\_\_\_\_\_

**Sub .: Acceptance letter for appointment as a Pharmacist**

Dear Sir,

I the undersigned \_\_\_\_\_  
pharmacist, Certificate No. \_\_\_\_\_ dated \_\_\_\_\_  
have received a letter dated \_\_\_\_\_ regarding my appointment as  
Pharmacist in M/s. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accept this appointment as per the discussion did on the terms agree  
and will join from \_\_\_\_\_

Thanking you,

**Yours faithfully,**

( \_\_\_\_\_ )

## हमीपत्र

मी .....  
नोंदणीकृत भेषके नोंदणी क्रमांक ..... दिनांक .....  
राहणार .....  
.....  
हमीपत्र लिहून देतो कि, मी दिनांक.....पासून  
मेसर्स.....  
.....  
.....या नोंदणीकृत भेषक म्हणून नेमणूक स्वीकारलेली  
आहे.

मी सदर पेढीकडे रोज सकाळी.....ते रात्री .....  
वाजेपर्यंत काम करीन. यापूर्वी मी मे.....  
यांचेकडे नोंदणीकृत भेषक म्हणून दिनांक..... पर्यंत काम करित होतो.

**अर्हतामान्य व्यक्तीची स्वाक्षरी**

आमचे अर्ज दिनांक ..... सोबत जोडले आहे.

**दुकानाचा शिक्का व दुकानदाराची स्वाक्षरी**

प्रेषक :-

.....

.....

प्रति,  
मा. सहाय्यक आयुक्तसो. (झोन- ),  
अन्न व औषध प्रशासन, महाराष्ट्र राज्य,  
बांद्रा (पूर्व), मुंबई ४०००५१

विषय :- औषधे व सौंदर्य प्रशासन कायदा १९४० व त्या खालील नियम अर्हता प्राप्त  
इसमाचे नेमणुकीबाबत .....

महोदय,  
मी/आम्ही आपणास कळवू इच्छितो की, आमचे / माझे दुकानातील  
अर्हताप्राप्त इसम श्री/श्रीमती/कुमारी .....  
यांनी दिनांक ..... नोकरी सोडली आहे. त्याचे जागेवर श्री./श्रीमती./  
कुमारी ..... यांची दिनांक .....  
पासून अर्हता प्राप्त इसम म्हणून नेमणूक केलेली आहे. त्यासाठी खालील कागदपत्रे  
सादर करित आहे.

१. फार्मासिस्टचे प्रतिज्ञापत्र
२. मालकाचे प्रतिज्ञापत्र
३. नेमणुक पत्र
४. स्विकृतीपत्र
५. हमीपत्र
६. नोंदणी प्रमाणपत्राची छायांकितप्रत व इतर पुरावे

तरी आपणांस विनंती करण्यात येते कि, .....  
यांना दिनांक ..... पासून अर्हताप्राप्त  
म्हणून मान्यता द्यावी व तसे आम्हास कळवावे.

आपला / आपली विश्वासू,