Place:

 Date:

**To Whomsoever It May Concern**

 This is to certify that Mr. /Ms. **[Employee Name]** has worked with our organization as a **Pharmacist** in the department of **Pharmacy** from **[Date]** to **[Date]**.

During his/her tenure, we found him/her sincere and hard working.

We wish him/her all the very best in his/her future endeavours.

For the “**Company Name**”

Authorized Signatory.