Place:

 Date:

**To Whomsoever It May Concern**

 It is certified that Mr. /Ms. **[Employee Name]** was employed with our company from **[Date]** to [**Date]** as a **Pharmacist**.

His/her major work responsibilities include:

1. ​​Prescription processing and distribution of medicines.
2. Check for drug expiration during distribution.
3. Sell and expand the sale of (OTC) Over-The-Counter medicines.
4. Maintaining a record of purchases and sales of drugs.
5. Handling patient queries regarding medication
6. Comply with regulatory laws of pharmacy.
7. Daily update of inventory information.

Throughout his/her tenure, we found him/her a highly committed team player with strong conceptual knowledge.

We at **[Company name]** wish his/her all success in his future endeavours.

For the “**Company Name**”

Authorized Signatory.