Place:

 Date:

**TO WHOMSOEVER IT MAY CONCERN**

 This is to certify that Ms. **[Employee Name]** worked as a **Pharmacist** in our organization from **[Date]** to **[Date]**.

She is honest and sincere in his work and her performance was very good.

We wish her every success in life.

For the “**Company Name**”

Authorized Signatory.