Place:

 Date:

**TO WHOMSOEVER IT MAY CONCERN**

 This is to certify that Mr. /Ms. **[Employee Name]** has been working in our organization as a **Pharmacist** since **[joining date]**.

During his/ her term so far, we have found him/her sincere and hard-working. We do not have any problem with him/her joining another company.

We wish him/her every success in his/her future endeavours.

For the “**Company Name**”

Authorized Signatory.