



Primary & Secondary
Healthcare Department

Chief Drugs Controller

Office Punjab

Dated:

To

The Chief Drugs Controller Punjab

Subject: **APPLICATION FOR RELEASE OF CATEGORY/ REGISTRATION CERTIFICATE**

It is stated that I _____ s/d of _____, CNIC no. _____, Category no. _____, Category type A/B(Please tick the relevant), was employed, from _____ to _____ at M/S _____ under the Proprietorship of _____, CNIC of Proprietor _____ located at (Complete Address) _____, with License no. _____.

Now I have resigned from my position/job from the respective Pharmacy/ Medical Store/ Distribution Setup (Please tick the relevant).

Please release my Category/ Registration Certificate from the respective license.

Thanking in anticipation.

Signature of Qualified Person

Contact Number of the Qualified Person

Approved by

Chief Drugs Controller Punjab