WHOLESALE PHARMACY TRAINING CERTIFICATE

This is to certify that **[Full Name of Trainee],** a student of **[Institution Name], [Year / Roll Number / Division],** has successfully completed the Wholesale Internship Training at [**Wholesale Pharmacy/Company Name]** from **[Start Date]** to **[End Date].**

During this period, the trainee was actively involved in various wholesale pharmacy operations and administrative activities, including exposure to procurement, inventory management, distribution processes, billing systems, and regulatory compliance under the guidance of qualified professionals.

The trainee consistently demonstrated professionalism, eagerness to learn, and a responsible attitude throughout the internship program.

We wish them continued success in their academic and professional endeavours.

Authorized Signatory

[Name]

[Designation]

[Wholesale Pharmacy/Company Name]

[Address Line 1]

[City, State, ZIP Code]

Phone: [Contact Number] | Email: [Email Address]

Date: [DD/MM/YYYY]

[Signature & Seal]