RETAIL PHARMACY TRAINING CERTIFICATE

This is to certify that **Mr./Ms. [Full Name of Trainee]**, a student of **[Name of Institution]**, **[Class / Year / Roll Number / Division]**, has successfully completed **Retail Pharmacy Field Work Training** at **[Name of Retail Pharmacy / Medical Store]** from **[Start Date]** to **[End Date]**.

During the training period, the trainee was actively involved in various **retail pharmacy activities** including **prescription handling, dispensing of medicines, inventory management, patient counselling, billing procedures, and maintenance of pharmacy records**, under the supervision of a **registered pharmacist**.

The trainee demonstrated **professional conduct, punctuality, eagerness to learn, and a responsible attitude** throughout the training period.

We wish them every success in their future **academic pursuits and professional career in pharmacy**.

Authorized Signatory
[Name]
[Designation]
[Pharmacy Name]

[Address Line 1]
[City, State, ZIP Code]
Phone: [Contact Number] | Email: [Email Address]
Date: [DD/MM/YYYY]

[Signature & Seal]