

TO BE SUBMITTED ON A NON-JUDICIAL STAMP PAPER OF  
RS.10/- DULY ATTESTED BY 1<sup>ST</sup> CLASS MAGISTRATE

### AFFIDAVIT

I \_\_\_\_\_ S/o \_\_\_\_\_ D/o \_\_\_\_\_

R/o \_\_\_\_\_ do hereby solemnly  
affirm and declare as under: -

1. That I am the permanent resident of the above said address for the last \_\_\_\_\_ years
2. That I am not registered previously in any other state pharmacy council.
3. That I am registered as pharmacist with \_\_\_\_\_ State Pharmacy Council bearing registration NO. \_\_\_\_\_ Dated \_\_\_\_\_.
4. That I have lost my original registration certificate bearing registration certificate No. \_\_\_\_\_ Dated \_\_\_\_\_ in case I found it, I shall deposit the same in the council's office.
5. That all the documents submitted by me for registration are true and genuine.
6. That if any of the documents submitted by me for registration is to be proved false I shall be held responsible and my registration may be cancelled.

DEPONENT

### VERIFICATION

Verification that the contents of the affidavit are true to the best of my knowledge and nothing has been concealed therein.

Today the

\_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

DEPONENT

**NOTE: - Clause 3&4 is not applicable for fresh (First) registration.**

