

PROFORMA OF AFFIDAVIT to be given by D.Pharm/B.Pharm, Passed Candidates on Non – Judicial Stamp paper of Value Rs. 10/- duly Attested by Notary Public.

The whole Matter should be typed, do not include words / lines which are not applicable

AFFIDAVIT

I _____ S/O, D/O Shri _____
aged _____ resident of _____

do solemnly affirm on oath that :

(1) My Date of birth is _____

(2) I have passed my Secondary School examination as a student of _____
(GIVE NAME AND ADDRESS OF SCHOOL)
_____ from board _____ in
(GIVE NAME OF BOARD)
the year _____ with Roll No. _____.

(3) I have passed D.Pharma / B.Pharma as a student of _____
_____ from Board / University _____
(GIVE NAME AND FULL ADDRESS OF COLLEGE) (GIVE NAME AND ADDRESS OF BOARD / UNIVERSITY)
_____ in the year _____

(4) I have undergone my practical training of 500 hours at _____
(GIVE FULL NAME AND ADDRESS OF PRACTICAL TRAINING CENTER)
_____ from (date) _____
to (date) _____ where I underwent training for _____ hours daily.

(5) I am neither employed nor carrying on any business or profession anywhere as on date and residing at the following address :-

OR

I am employed with _____
(GIVE NAME AND ADDRESS OF EMPLOYER)
as _____ and presently posted at _____
(GIVE DESIGNATION) (GIVE PLACE OF POSTING)
_____ and my residential address in as under :-

(6) I have not been registered as a Pharmacist with any State Pharmacy Council till date.

(7) I have not applied for registration with Rajasthan Pharmacy Council earlier.

(8) If any of the information / documents submitted by me are ever found to be incorrect and if ever it is found that I have suppressed any material fact or made any misrepresentation, registration be cancelled forthwith.

(9) I under take to inform the Registrar Rajasthan Pharmacy Council my professional address immediately after taking up employment (as a registered pharmacist / competent person on any drug license or any other employment) and also promise to inform every change in my professional address / employment.

PLACE :

DATE :

DEPONENT

VERIFICATION

I _____ S/O, D/O _____
aged _____ resident of _____

do hereby solemnly affirm on oath the contents of above paras 1 to 9, are true to my knowledge and nothing has been concealed.

PLACE :

DATE :

DEPONENT