

AFFIDAVIT

To
Registrar

State Pharmacy Council

I _____ a student of _____ aged _____ residing at _____ do hereby solemnly affirm and declare as follows:

1. I affirm that I was admitted to _____ for the Diploma in Pharmacy (D. Pharm) course in the 2022-2023 academic session and successfully completed the course in the 2023-2024 academic session.
2. I acknowledge that the exit examination has not yet been conducted, and I have not appeared for the same. Therefore, I request that the registration certificate be issued, which shall remain valid for a period of one (1) year, or until the exit examination is conducted and completed, whichever is sooner.
3. I undertake that the registration certificate shall not be renewed unless I have successfully cleared the exit examination. The _____ State pharmacy Council will only issue a renewal certificate upon submission of proof of passing the exit examination.
4. I further affirm that, should I fail to clear the exit examination within the validity period of the registration certificate, I shall not be eligible for any further renewal or continuation of my registration unless I submit proof of clearing the exit examination.

DEPONENT

(Signature of the Student)

(Full Name of the Student)

Name of the Institution

(Residence Address)

(Date)

(Place)

Mobile No.

Email