

Undertaking Letter

I.....S/o/D/oresident ofAged
..... do hereby solemnly affirms and declare as under:

That I am already registered with Haryana State Pharmacy Council Panchkula vide Registration.

No_____, Dated _____

That I have not applied for Migration/Transfer of my Registration to any other State Council in India and abroad so far.

1. That I am a permanent resident of _____

(Mentioned address) for the last..... years. I have submitted my Ration card /
Voter Card as a Residence proof of above mentioned Address.

Note: If Voter Card is submitted, it must be certified by the Election officer or M C of the area.

2. That I have submitted my Aadhar Card which is mandatory for Aadhar Link only.

3. That my Date of Birth as per matriculation certificate is.....

4. That I am a Citizen of India.

5. That I have passed my Matriculation from.....(Name of
School) Affiliated with.....(Name of Board) Under Roll
No_____in the year.....

6. That I have passed my 10+2/ Sen. Secondary from.....(Name
of School) Affiliated with.....(Name of Board) Under Roll
No_____in the year.....with_____Stream(Medical / Non Medical).

7. That I have passed my...(Diploma / Degree Pharmacy)
from (Name of Institute) Affiliated with
.....(Name of University / Board) Under.....(Reg /
Permanent Roll No) in the year.....

8. That I have attended the _____ Course as a regular candidate (D. Pharm /B. Pharm / M.Pharm / Pharm D whichever is applicable).

9. That I have not worked anywhere at the time of Undergoing the Pharmacy course.

10. That I want to get my registration renewed with Haryana State Pharmacy Council, Panchkula from 01.01_____to 31.12._____

11. That I shall abide by the rules & regulations of Haryana State Pharmacy Council constituted under Pharmacy Act, 1948 & I will wear White Apron during working hours.

12. That no case is pending against me under Drugs & Cosmetics Act, 1940 and rules in 1945 as well as pharmacy act 1948 and the rules made under State Pharmacy Rules 1951

13. That I have never been convicted under Pharmacy Act 1948, and the rules made under state pharmacy rules 1951.

14. That I have been running my business with the name of _____.

15. That Presently I am working as Licensee under Drug Licence No _____ **OR A** Employee as qualified person at M/s

(Name of Firm With Complete Address) **OR A Regular Student at**

(Name of Institute with Address) **OR A teacher at**

(Name of Institute with address) **OR A Hospital**

Pharmacist _____

(Name of Hospital with Address) **OR A Medical Representative at** _____ (District

Head Quarter) With _____ (Name & Address of Company) **OR**

A Employee With any other Pharmaceutical / Other

Organization_____

(Name & Address of Company/Organization)

16. That I will inform to the Registrar Haryana State Pharmacy Council if there is any change takes place in my current occupation within a period of one month from the date of such change

17. That all the documents submitted by me are true & genuine & if any documents submitted by me are proved to be false at any stage, I shall be held responsible & my registration may be cancelled at any time & I may be prosecuted as per Law.

DEPONENT

Verification:

Verified that the above statement of mine is true & correct to the best of my knowledge & nothing has been concealed there in.

DEPONENT

DATED:

PLACE

I know the deponent personally and he has signed in my presence.