

AFFIDAVIT FOR NEW REGISTRATION

To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly attested by the
1st Class Magistrate / Notary Public.

AFFIDAVIT

I.....S/o/D/o resident of Aged

... do hereby solemnly affirms and declare as under:

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 myself registration with Haryana State Pharmacy Council, Panchkula for the first time and have not applied for registration with any other state Council in India and abroad so far.

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 will serve my business in Haryana State only.

15. That I am not registered with any other Council i.e. Dental Council, Nursing Council, Bar Council, Medical Council or any other Council.

16. 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.