AFFIDAVIT FOR
ENTRY OF ADDITIONALQUALIFICAON

To be submitted on aNon-Judicial Stamp Paper of Rs.10/-duly attested bythe 1st Class Magistrate/Notary Public.

AFFIDAVIT

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

…….....…….do hereby solemnly affirms and declares as under:

1. That I am a permanent resident of

_____

_____

(Mentioned address)for the last…….years.

2. That my Date of Birth as per matriculation certificate is…….

3. That I am a Citizen of India.

4.That I have passed my Matriculation from…….....…… (Name of School) Affiliated with_____(Name of Board) Under RollNo_____in the year……..

5That I have passed my10+2/Sen.Secondary from ….....…… (Name of School) Affiliated with_____(Name of Board) Under Roll No_____in the year……..with_____Stream (Medical/Non Medical).

6 That I have passed my_____ (Diploma Pharmacy) from…..... (Name of Institute) Affiliated with_____(Name of University/ Board) Under _____(Reg/ Permanent Roll No) in the year……..

7 That I have passed my_____(Degree Pharmacy) from…..... (Name of Institute) Affiliated with_____(Name of University/ Board) Under _____(Reg/ Permanent RollNo) in the year……..

8 That I have passed my_____(M.Pharmacy / Pharm.D) from…..... .(Name of Institute) Affiliated with_____(Name of University/Board) Under _____(Reg/ Permanent Roll No) in the year……..

9 That I have completed my Ph.D from…..... (Name of Institute) Affiliated with

_____ (Name of University / Board) Under_____(

Reg / Permanent Roll No) in the year……..

10. That I have not worked anywhere at the time of Undergoing the Pharmacy course(s).

11. That I was previously registered with Haryana State Pharmacy Council vide Regn. No.__on the basis of my_____qualification and now I want to add

_____Qualification in my registration certificate.

12. That I shall abide by the rules & regulations of Haryana State Pharmacy Council constituted under Pharmacy Act, 1948.

13. That no case is pending against me under Drugs & Cosmetics Act,1940 and rules in 1945 as well as pharmacy act1948 and the rules made under State Pharmacy Rules1951

14. That I have been never been convicted under Pharmacy Act1948, and the rules made under state pharmacy rules1951.

15. That I will serve my business In Haryana State only.

16.Thata Fee of Rs.…….....……..with Bank Challan no.....……..……

dated……....…… has been deposited in (Name of Bank with Address).

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 therein.

DEPONENT

DATED:

Place

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