

Undertaking Letter

I.....S/o/D/oresident of..... Aged
..... 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 lastyears. 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 MC 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

Declaration:

I hereby declare that the information shared by me are true and correct to the best of my knowledge. I understand that if any information is found to be false, misleading, or incorrect at any stage, my application may be rejected or my registration may be suspended or cancelled under the Pharmacy Act, 1948 and Haryana Pharmacy Rules, 1951. I agree to comply with all rules and requirements of the Haryana State Pharmacy Council.

DEPONENT

DATED:

PLACE

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