

AN AFFIDAVIT (On Stamp Paper of Rs.50/-)

FOR DIPLOMA / DEGREE/PHARM.D HOLDERS FROM GUJARAT & OTHER STATE

I _____ age _____
(Full Name in Capital Letters)

Residing at _____ Pin _____ do hereby

state and declare on solemn affirmation as under :

1. I am a resident of _____
(Full Address)
I did my all education upto H.S.C. in the State of _____ from (name and address of the school) _____ in the year _____
After that I did my D.Ph. / B.Ph./Pharm.D course in the state of _____
from (Name and Address of College) _____ and passed my
D.Ph./B.Ph./Pharm.D. examination from _____ (Name and Place of University / Board) in the _____ month _____
(Year).
2. So far I have not applied to any state Pharmacy Council in India for registration under Pharmacy Act, 1948 and hence I have not been granted the registration by any State Pharmacy Council in India.
I am very well aware that D Pharm/B Pharm/Pharm.D is full time course with theory and laboratory practicals . I have attended theory classes, practicals and appeared examinations during my study at institute and University examination scheduled as per rules of institute/University/ Pharmacy Council of India. I also declare that during my study I have not served at any private/ grant in aid / Government organization.
3. In case, in future if I migrate to some other state other than the Gujarat I will inform the Gujarat State Pharmacy Council as well as other concerned State Pharmacy Council that I have originally registered myself in Gujarat State and wish to transfer to the concerned state.
4. I affirm that I am not suppressing any of the material fact in my declaration herein above mentioned and all the information, certified copies of the documents, photographs and testimonials furnished by me to the Gujarat State Pharmacy council are true and genuine, issued by the competent authorities in respect of my qualification, employment etc. and that the photographs furnished by me are my own recent photograph.
5. If any information or document submitted by me for registration is proved to be false, I shall be held responsible and my registration shall stand cancelled with immediate effect without any notice and I will not be subjected or will not be entitled to get any sort of relief under section 36 of the Pharmacy Act,1948 and further I may aware. I may have to face legal action for preparing submitting forged documents and misleading the Council. Also I know that false affidavit is criminal offence of present IPC.

Solemnly affirmed at _____ this _____ day of _____
_____ 20 _____