

**Specimen :-**

**Annexure-C**

**AN AFFIDAVIT (On Stamp Paper of Rs. 20/-)**  
**FOR DIPLOMA/DEGREE 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. in the state of

\_\_\_\_\_ from (Name and address of college)

\_\_\_\_\_ during the year from \_\_\_\_\_ to

\_\_\_\_\_.

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.

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, documents 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 a documents 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.

Solemnly affirmed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Deponent