

Specimen :-

Annexure-D

AN AFFIDAVIT (On the Stamp Paper of Rs. 20/-)
FOR TRANSFER OF REGISTRATION

I _____ age _____
(Full Name in Capital Letters)

Residing at _____ Pin _____

do hereby state and declare on solemn affirmation as under :

1. I am a registered pharmacist of _____ State Pharmacy Council bearing Registration No. _____ dtd. _____ This registration has been granted by _____ State Pharmacy Council on the basis of my _____ qualification and during my education, I was staying at _____

2. My Date of Birth is _____. All the supporting documents were already furnished to the Registrar, _____ State Pharmacy Council alongwith my application.

3. I further declare that I have now permanently migrated to Gujarat State for my business/Service and profession of Pharmacy in Gujarat State and I am now residing at _____

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.

5. If any information or a document submitted by me for registration is proved to be false, I shall be held responsible and my registration shall stand cancelled, and further I am aware. I may have to face legal action for misleading the Council.

Solemnly affirmed at _____, this _____ day of _____ 20____.

Deponent