

**To obtain duplicate certificate
Affidavit**

I hereby _____ (full name of pharmacist, address and age) solemnly declare that I completed pharmacist registration with Gujarat state pharmacy council, Ahmedabad on date _____ having registration number _____ based on _____ education.

After completing registration, I have received the pharmacy registration certificate with the registration number. The certificate issued has been lost / destroyed due the following reason

_____ (details of circumstances) and is not available with me now. Under these circumstances, I request you to issue duplicate certificate of the original registration certificate.

Original pharmacist registration certificate is not being used by me or not being misused by any other person, and in case if I find original certificate, I will return the duplicate certificate back to the council.

So, I hereby declare that if the original and duplicate certificate will be issued to me, I will not misuse any of them and also will ensure that it is not misused by any other person.

I agree that If the pharmacy council find misuse of my original or duplicate certificate, then I shall abide to whatever penalty is given by pharmacy council.

(Note: Affidavit should be done on Rs. 50/- stamp paper in front of first class Magistrate/ Notary.)