

## **To obtain duplicate renewal receipt 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. My registration certificate having number G-\_\_\_\_\_ was renewed on the date \_\_\_\_\_, by paying Rs. \_\_\_\_\_ and renewed upto \_\_\_\_\_ years, having receipt number G \_\_\_\_\_, issued on date \_\_\_\_\_.

The renewal receipt issued has been lost / destroyed for the following reason \_\_\_\_\_ (details of circumstances) and is not available with me now. Under these circumstances, I request you to issue duplicate renewal receipt for the original renewal receipt.

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

So, I hereby declare that if the original and duplicate renewal receipt 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 renewal receipt, then I shall abide to whatever penalty is given by pharmacy council.

(Note: Affidavit should be done on Rs. 20/- stamp paper in front of first class Magistrate / Notary.)