

**PROFORMA OF AFFIDAVIT to be given by D.Pharm/B.Pharm, Passed Candidates on Non – Judicial Stamp paper of Value Rs. 10/- duly Attested by Notary Public.**

**The whole Matter should be typed, do not include words / lines which are not applicable**

**AFFIDAVIT**

I \_\_\_\_\_ S/O, D/O Shri \_\_\_\_\_  
aged \_\_\_\_\_ resident of \_\_\_\_\_

do solemnly affirm on oath that :

(1) My Date of birth is \_\_\_\_\_

(2) I have passed my Secondary School examination as a student of \_\_\_\_\_  
(GIVE NAME AND ADDRESS OF SCHOOL)  
\_\_\_\_\_ from board \_\_\_\_\_ in  
(GIVE NAME OF BOARD)  
the year \_\_\_\_\_ with Roll No. \_\_\_\_\_.

(3) I have passed D.Pharma / B.Pharma as a student of \_\_\_\_\_  
\_\_\_\_\_ from Board / University \_\_\_\_\_  
(GIVE NAME AND FULL ADDRESS OF COLLEGE) (GIVE NAME AND ADDRESS OF BOARD / UNIVERSITY)  
\_\_\_\_\_ in the year \_\_\_\_\_

(4) I have undergone my practical training of 500 hours at \_\_\_\_\_  
(GIVE FULL NAME AND ADDRESS OF PRACTICAL TRAINING CENTER)  
\_\_\_\_\_ from (date) \_\_\_\_\_  
to (date) \_\_\_\_\_ where I underwent training for \_\_\_\_\_ hours daily.

(5) I am neither employed nor carrying on any business or profession anywhere as on date and residing at the following address :-

\_\_\_\_\_  
\_\_\_\_\_

**OR**

I am employed with \_\_\_\_\_  
(GIVE NAME AND ADDRESS OF EMPLOYER)  
as \_\_\_\_\_ and presently posted at \_\_\_\_\_  
(GIVE DESIGNATION) (GIVE PLACE OF POSTING)  
\_\_\_\_\_ and my residential address in as under :-

\_\_\_\_\_  
\_\_\_\_\_

(6) I have not been registered as a Pharmacist with any State Pharmacy Council till date.

(7) I have not applied for registration with Rajasthan Pharmacy Council earlier.

(8) If any of the information / documents submitted by me are ever found to be incorrect and if ever it is found that I have suppressed any material fact or made any misrepresentation, registration be cancelled forthwith.

(9) I under take to inform the Registrar Rajasthan Pharmacy Council my professional address immediately after taking up employment (as a registered pharmacist / competent person on any drug license or any other employment) and also promise to inform every change in my professional address / employment.

PLACE :

DATE :

DEPONENT

**VERIFICATION**

I \_\_\_\_\_ S/O, D/O \_\_\_\_\_  
aged \_\_\_\_\_ resident of \_\_\_\_\_

do hereby solemnly affirm on oath the contents of above paras 1 to 9, are true to my knowledge and nothing has been concealed.

PLACE :

DATE :

DEPONENT