**Affidavit Format A**

Photo

**ON STAMP PAPER OF RS 100/-**

 **DIPLOMA / DEGREE FROM OTHER STATE/REJECTED**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full name in Capital Letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_age\_\_\_\_\_\_\_ years, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_pin code no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No.is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do hereby state and declare on solemn affirmation as under:-

1. I am a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_& my adhar card no is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. My date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. I have completed following educational qualification:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  S. No | Qualification | Name & address of college/Board/University | Enrollment/Roll No | Passing year |
| 1 | Secondary (10th) |  |  |  |
| 2 | Senior secondary (12th) |  |  |  |
| 3 | D. Pharmacy |  |  |  |
| 4 | B. Pharmacy |  |  |  |

1. I have undergone practical training of minimum 500 hours at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name & address of medical store with drug license no) under the supervision of Sh. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name & registration no of pharmacist).
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. I have not applied for registration with Rajasthan Pharmacy Council earlier.
4. I am neither employed nor carrying on any business or profession of pharmacy anywhere as on date.
5. In case, in future if I migrate to some other state other than the Rajasthan, I will inform to the Rajasthan Pharmacy Council as well as other concerned State Pharmacy Council that I have originally registered myself in Rajasthan state and wish to transfer to the concerned State.
6. I also assure and affirm on oath that I had completed my D. Pharm/B. Pharm course after duly complying with the Provisions of Education regulations laid down by Pharmacy Council of India, New Delhi and also assure that all the Pharmacy educational documents produced and submitted by me for pharmacist registration to Rajasthan Pharmacy Council are genuine, I am aware that If any of this documents are found to be false in any verification, I will be liable for action as per law. Also anytime in future if it is found that approval period of my D. Pharm/B. Pharm admission do not fall under section 12 of the Pharmacy Act 1948 my pharmacist registration is liable for cancellation under section 36(1) of the Pharmacy Act 1948, also if any time in future it is found that my admission is in above intake capacity of approved number of admissions granted by Pharmacy Council of India, New Delhi to my college/university, my registration will be liable for action under section 36, if such anomaly is not neutralized by post facto approval of Pharmacy Council of India, New Delhi
7. I am aware of the provisions of section 36 of Pharmacy Act regarding penal removal of name from the register in case of professional misconduct.
8. I affirm that I am not suppressing any of the material fact in my declaration here in above mentioned and are true and genuine to the best of my knowledge and belief.
9. I undertake 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 profession address/employment.

Witness No. 1 ---------------------

(Signature, Name and Address)

Witness No. 2 ---------------------

(Signature, Name and Address)

 (Sign of applicant)

 (DEPONENT)

VERIFICATION

 I, -----------------------------s/o Sh. ------------------------ aged ………………..resident at …………………….. do solemnly affirm on oath that the contents of Para 1 to 12 of this affidavit are true to the best of my knowledge and belief. So GOD helps me.

Date ------------------

Place ---------------------

 (Sign of applicant)

(DEPONENT)

Explained and Identified by me

Advocate