

**Rs. 100/-**

**Appendix – 1**

**Affidavit**

To,  
Registrar,  
Rajasthan Pharmacy Council  
Jaipur (Raj.)

Applicant  
Photo

I, \_\_\_\_\_ a student of \_\_\_\_\_  
\_\_\_\_\_ (Name of the Institution), aged  
\_\_\_\_\_ (Age), residing at \_\_\_\_\_  
(Address), do hereby solemnly affirm and declare of follows :

1. I affirm that I was admitted to \_\_\_\_\_ (Name of Institution) for the Diploma in Pharmacy (D.Pharm) course in the 2022-2023 academic session and successfully completed the course in the 2023-2024 academic session.
2. I acknowledge that the exit examination has not yet been conducted, and I have not appeared for the same. Therefore, I request that the registration certificate be issued, which shall remain valid for a period of one (1) year, or until the exit examination is conducted and completed, whichever is sooner.
3. I undertake that the registration certificate shall not be renewed unless I have successfully cleared the exit examination. The Rajasthan Pharmacy Council (Name of State pharmacy council) will only issue a renewal certificate upon submission of proof of passing the exit examination.
4. I further affirm that, should I fail to clear the exit examination within the validity period of the registration certificate, I shall not be eligible for any further renewal or continuation of my registration unless I submit proof of clearing the exit examination.

DEPONENT

(\_\_\_\_\_)

Signature of Student

\_\_\_\_\_  
Full Name of the Student

\_\_\_\_\_  
Name of the Institution

\_\_\_\_\_  
Residence Address

Date  
Place

\_\_\_\_\_  
(Mob.No.)

\_\_\_\_\_  
(Email)