



# KARNATAKA STATE PHARMACY COUNCIL

514/E, I Main, II Stage, Vijayanagar, Bangalore – 560 104

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## DECLARATION

I Sri/Smt/Dr \_\_\_\_\_

S/o or D/o \_\_\_\_\_

a Registered pharmacist on the rolls of Karnataka State Pharmacy Council, Bangalore with the Registration No \_\_\_\_\_ dated \_\_\_\_\_ do here by declare that,

1. I am a resident of Karnataka State.
2. I am practicing profession of Pharmacy in the State of Karnataka.
3. I have not registered my name in any other State Pharmacy Council.

**Residential Address:**

.....  
.....  
.....

E-mail: .....

Mob: .....

**Place of Work / Professional Address:**

.....  
.....  
.....

E-mail: .....

Mob: .....



SPACE TO PASTE  
PASSPORT SIZE  
PHOTOGRAPH

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

**Date:** .....

.....  
**Signature of the Registered Pharmacist**