



**Karnataka Pharmacy Council Registered Pharmacist
Welfare Trust (KPCRPT)**

514/E, I Main, II Stage, Vijayanagar, Bangalore – 560 104
Ph: 080-23404000, 23383142, 46729800 (800 to 899 lines)
E-mail: kspctrust@gmail.com, Web: www.kspcdic.com



**Affidavit format on Rs.20/- bond paper for Duplicate Karnataka Pharmacy Council
Registered Pharmacist Welfare Trust (KPCRPT) Certificate**

I Sri / Smt.....S/o / D/o Sri. aged.....years residing at
..... do hereby solemnly affirm and state as under:

1. That I am a Registered Pharmacist with a Registration certificate No: _____ dated _____ issued by the Karnataka state Pharmacy Council, Bangalore.
 2. That I have enrolled my name in the Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (KPCRPT). My Enrolment Certificate No is dated
 3. That my Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (KPCRPT) is spoiled / torn / damaged.
- OR**
4. That I have lost the Karnataka Pharmacy Council Registered Pharmacist Welfare Trust (KPCRPT) and the same is untraceable. I have lodge a complaint with station. The police complaint No: _____ dated
 5. That I shall surrender the said lost certificate to the KSPC in case I find the same after the Duplicate Certificate is issued.
 6. I further absolve the Karnataka State Pharmacy Council and its staff from all responsibilities with the issue of a duplicate 'Registered Pharmacists certificate' to me, which I affirm is done on the basis of my claims and this affidavit sworn by me.

I swear that the information furnished above are true and correct

Witness:

Signature of the Deponent

Date:

Name:

Address:

Deponent signed before me

Seal of the Notary