



KARNATAKA STATE PHARMACY COUNCIL
514/E, I Main, II Stage, Vijayanagar, Bangalore – 560 104
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FORMAT OF AFFIDAVIT ON Rs.20/- NON-JUDICIAL BOND PAPER ATTESTED BY NOTARY FOR APPLYING FOR DUPLICATE CERTIFICATE

AFFIDAVIT

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 lost the 'Registration Certificate' vide Police Complaint no. (FIR) date.....
3. That I have not submitted my Registration Pharmacist Certificate to any individuals or institution or organization or any business establishment for the purpose of license or employment.
4. That I had submitted my Registration Certificate to the following for the purpose mentioned against each. I have withdrawn my certificate from them with due endorsement.

Sl.No.	Name of the individual or Institution or Organization or Business Establishment	Purpose	License No if any	Period	Date of Withdrawal

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.
7. I swear that the information furnished above are true and correct

Witness

Deponent

Signature

Date:

Name:

Address: