



## KARNATAKA STATE PHARMACY COUNCIL

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

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E-mail: kspcreg@gmail.com, Web: www.kspcdic.com

### FORMAT OF AFFIDAVIT ON Rs.20/- NON-JUDICIAL BOND PAPER OF KARNATAKA ATTESTED BY NOTARY

**(Affidavit for Exemption of Yearly Renewal for Registered Pharmacist those who are  
above 70 years )**

I, Sri/Smt/Dr\_\_\_\_\_ S/o or D/o  
\_\_\_\_\_ a Registered pharmacist on  
the rolls of Karnataka State Pharmacy Council, Bengaluru with the Registration No  
\_\_\_\_\_ dated \_\_\_\_\_, renewed upto \_\_\_\_\_ and  
also Registered in the Karnataka Pharmacy Council Registered Pharmacist Welfare Trust  
No \_\_\_\_\_ dated \_\_\_\_\_ do hereby solemnly affirm and state as under:

1. I am a resident of Karnataka State with residential address .....
2. I am aged above 70 years (mention D.O.B) and retired or not working or not doing any professional job.
3. I have not lent my KSPC Registration Certificate to any Chemist and Druggist shop / Hospital / Nursing Home / Wholesale Distributors / Clinics.
4. I may be exempted from yearly renewal of my Registration from 2021.
5. I am herewith surrendering my original Registration certificate to the Registrar of KSPC.
6. I am interested to get the medical or death claims from the KPCRPT even though I have not renewed my Registration in this Council.
7. I undertake to inform you of any changes therein, immediately.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Witness: (Name & Signature)

Signature of the Deponent

Date:

Name:

Address:

Deponent signed before me  
Seal of the Notary

**Encl:** KSPC Registration certificate no. ....