



**KARNATAKA STATE PHARMACY COUNCIL**

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

Ph: 080-23404000, 23383142

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

**FORMAT OF AFFIDAVIT ON Rs.100/- NON-JUDICIAL  
BOND PAPER ATTESTED BY NOTARY (affidavit in English only)  
(Those who practice profession of pharmacy / do higher qualification in  
abroad)**

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 \_\_\_\_\_ residing at \_\_\_\_\_ do hereby solemnly affirm and state as under:

1. That I am a D. Pharm / B.Pharm / M. Pharm / Ph.D / Pharm D graduate from the \_\_\_\_\_ (college) under \_\_\_\_\_ (Board / University).
2. That I intend to do \_\_\_\_\_ course from \_\_\_\_\_ College, from \_\_\_\_\_ university.
3. That I intend to attend for \_\_\_\_\_ exam from \_\_\_\_\_
4. That I intend to do practice profession of pharmacy in \_\_\_\_\_ country in \_\_\_\_\_
5. I further declare that Good Standing Certificate will not be used for any other purpose other than specified in this affidavit.
6. I hereby declare that, I will not involve in dual practice of profession at the same time both in India and abroad as per regulation 13 of the Pharmacy Practice Regulations, 2015.
7. I will not lend my Karnataka State Pharmacy Council Registered Pharmacist Certificate to any Chemist and Druggist shop / Hospital / Nursing Home /Wholesale Distributors / Clinics in Karnataka for name sake without being physically present in the premises to discharge the duties contemplated under sub-rule (2) of Rule 65 of the Drugs and Cosmetics Rules, 1945.
8. I am aware that lending of my Karnataka State Pharmacy Council Registered Pharmacist Certificate without being physically present will be guilty of such infamous conduct and will be liable to have my name removed from the register under u/s 36(1) (ii) of the Pharmacy Act 1948 and also understand that KSPC may initiate legal actions against me for breach of contents in this affidavit.

Witness:  
Date:  
Name:  
Address:

Signature of the Deponent

Deponent signed before me  
Seal of the Notary

**Note:** Those who are in abroad should get the affidavit (equivalent to Indian Rs.100/- or more) from their respective country in English only attested by the notary.