



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

**Format of Affidavit for Study GAP (Other reasons apart from Education)
On Rs.20/- Non-Judicial Bond Paper of Karnataka Attested by Notary**

(Declare in the affidavit whichever is applicable)

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

1. That I have completed my Pharmacy Course.
2. The period of my studies is as under:

Courses	Period of study		Month & Year of passing
	From	To	
SSLC			
PUC			
D. Pharm			
B.Pharm			
M. Pharm			
Ph.D			
Pharm D			
Pharm D (PB)			

3. There is a gap of years between the completion of my SSLC to 12th /PUC / higher secondary.
4. There is a gap of years between the completion of my 12th /PUC / higher secondary to my Pharmacy course.
5. That during the gap period I was working with(name of the organization) as(Dsgn.) from to **OR**
6. That during the gap period I was preparing for examination.
7. Any other reasons apart from Sl.No. 5 & 6
8. That I was not involved in any criminal offence whatsoever and I was not punished for any offence by any Court of law during this gap period.

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