



## 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 UNEMPLOYED REGISTERED PHARMACIST**

## **AFFIDAVIT**

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

1. I am a resident of Karnataka State with residential address .....
2. I am unemployed and I have not lent my Karnataka State Pharmacy Council Registered Pharmacist Certificate to any Chemist and Druggist shop / Hospital / Nursing Home /Wholesale Distributors / Clinics 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.
3. I am aware that lending of my Karnataka State Pharmacy Council Registered Pharmacist Certificate 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.
4. I undertake to inform you of any changes therein, immediately.

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

Witness

Deponent candidate

Signature:

Date:

Name:

Address: