



KARNATAKA STATE PHARMACY COUNCIL

514/E, I Main, II Stage, Vijayanagar, Bangalore – 560 104
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SAMPLE FORMAT OF AFFIDAVIT ON Rs.100/- NON-JUDICIAL BOND PAPER OF KARNATAKA ATTESTED BY NOTARY FOR APPLICANTS WHO HAVE STUDIED BAMS AND PHARMACY COURSE

AFFIDAVIT

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 am a D. Pharm / B.Pharm / M. Pharm / Pharm D graduate from the (college) under..... (Board / University).
2. The period of my studies are as under:

Courses	Period of study	Year of passing
D. Pharm to
B.Pharm to
M. Pharmto.....
Pharm D to
3. Now I intend to register my name in the Karnataka State Pharmacy Council and seek a 'Registered Pharmacist' certificate' and Id. Card.
4. I declare hereby that I have not registered my name in any other State Pharmacy Council in India.
5. I intend to stay and practice Pharmacy only in the State of Karnataka.
6. I am also a BAMS/BUMS/BNYS/BSMS/BSAM/Nursing/ Physiotherapy/ Integrated /other degree holder from the(college) under..... (Board / University).
7. I am registered in Karnataka Ayurvedic and Unani Practitioner's Board or any other respective board with the Registration No _____ dated _____
- 8. I hereby declare that, after registering my name in Karnataka State Pharmacy Council, I will not involve in dual practice of profession at the same time as both Doctor and Pharmacist as per regulation 13 of the Pharmacy Practice Regulations, 2015.**
9. I also hereby declare that, after registering my name in Karnataka State Pharmacy Council, I will 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.
10. 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.

I swear that the information furnished above are true and correct and I hereby absolve the Karnataka State Pharmacy Council and its staff from all responsibilities with the issue of the 'Registered Pharmacists Certificate' to me, which I affirm is done on the basis of my claims and this affidavit sworn by me.

Witness:

Signature of the Deponent

Date:

Name:

Address:

Deponent signed before me

Seal of the Notary