



# 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 who have studied  
BAMS/BUMS/BNYS/BSMS/BSAM/Nursing/Physiotherapy/Integrated  
/B.E/B.Sc/B.Com/any other degree on Rs.100/- Non-Judicial Bond Paper of Karnataka  
Attested by Notary**

## 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:

<b>Courses</b>	<b>Period of study</b>	<b>Year of passing</b>
D. Pharm	..... to .....	.....
B.Pharm	..... to .....	.....
M. Pharm	.....to.....	.....
Pharm D	..... to .....	.....
Any other course	.....to.....	.....
3. There is a gap of ..... years between the completion of my PUC to ..... (D.Pharm/B.Pharm/M.Pharm/Pharm D etc.,).
4. That during the gap period I have done BAMS/BUMS/BNYS/BSMS/BSAM/Nursing/Physiotherapy/Integrated /B.E/B.Sc/B.Com/any other degree from the .....(college) under..... (Board / University)..
5. I am registered in Karnataka Ayurvedic and Unani Practitioner's Board or any other respective board with the Registration No \_\_\_\_\_ dated \_\_\_\_\_
6. I intend to stay and practice pharmacy only in Karnataka State. Hence, I intend to register my name in the Karnataka State Pharmacy Council.
7. I declare hereby that I have not registered my name in any other State Pharmacy Council in India.
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:  
Date:  
Name:  
Address:

Signature of the Deponent

Deponent signed before me  
Seal of the Notary