



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.20/- NON-JUDICIAL
BOND PAPER OF KARNATAKA ATTESTED BY NOTARY
(For those who have failed to register within one year of their diploma/degree)**

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	From..... to
B.Pharm	From..... to
Pharm D	From..... to

3. I intend to stay and practice pharmacy only in Karnataka State. Hence, I intend to register my name in the Karnataka State Pharmacy Council.

4. I declare hereby that I have not registered my name in any other state council in India.

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