



**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:

<b>Courses</b>	<b>Period of study</b>	<b>Year of passing</b>
D. Pharm	From..... to .....	.....
B.Pharm	From..... to .....	.....
M. Pharm	From.....to.....	.....
Ph.D	From.....to.....	.....
Pharm D	From..... 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 council in India.
5. I intend to stay and practice pharmacy in Karnataka state.

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