



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 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
..... 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 council in India.

5. I intend to stay and practice pharmacy in Karnataka state.

6. 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:

Deponent candidate

Date:

Name:

Address: