



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 on Rs.100/- Non-Judicial Bond Paper of Karnataka
Attested by Notary for GAP who have studied
BAMS/BUMS/BNYS/BSMS/BSAM/Nursing/Physiotherapy/ paramedical /
professional degree (B.E/B.Sc/B.Com etc.,) / any other reasons
(Declare in the affidavit whichever is applicable)

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 have completed my (D. Pharm / B.Pharm / B.Pharm Practice / M. Pharm / Ph.D / Pharm D / Pharm D (PB)) Pharmacy Courses.
2. The period of my studies is as under:

| Courses | Period of study | | Month & Year of passing | Period of GAP |
|------------------|-----------------|----|-------------------------|---------------|
| | From | To | | |
| SSLC | | | | |
| PUC | | | | |
| D. Pharm | | | | |
| B.Pharm | | | | |
| B.Pharm Practice | | | | |
| M. Pharm | | | | |
| Ph.D | | | | |
| Pharm D | | | | |
| Pharm D (PB) | | | | |

3. I have done BAMS/BUMS/BNYS/BSMS/BSAM/Nursing/Physiotherapy / any paramedical / professional degree fromto (period) from college under..... (Board / University). **OR**
4. I have done B.E/B.Sc/B.Com/BA/any other degree fromto (period) from 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. There is a gap of years **after** my education. (Mention the detailed reason of the period of GAP) (Eg. Working details with proof / preparing for exams / any other reasons).

7. I intend to stay and practice pharmacy only in Karnataka State. Hence, I intend to register my name in the Karnataka State Pharmacy Council.
8. I declare hereby that I have not registered my name in any other State Pharmacy Council in India.
9. 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.
10. I also hereby declare that, after registering my name in Karnataka State Pharmacy Council, I will not lend 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.
11. 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.
12. That I was not involved in any criminal offence whatsoever and I was not punished for any offence by any Court of law during this gap period.

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