



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 OF KARNATAKA ATTESTED BY NOTARY

(For replacement of torn/mutilated/burnt/soiled 'Registered Pharmacists certificate')

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 Registered Pharmacist with a Registration certificate No: _____ dated _____ issued by the Karnataka state Pharmacy Council, Bangalore and
2. * That my 'Registration certificate' certificate is torn/mutilated/burnt/soiled which I am surrendering herewith.
3. * I further absolve the Karnataka State Pharmacy Council and its staff from all responsibilities with the issue of a duplicate 'Registered Pharmacists certificate' to me, which I affirm is done on the basis of my claims and this affidavit sworn by me.

I swear that the information furnished above are true and correct

Witness:

Signature of the Deponent

Date:

Name:

Address:

Deponent signed before me

Seal of the Notary