

AFFIDAVIT

For issue of duplicate 'Enrolment certificate' of Karnataka Registered Pharmacists
Welfare Trust, Bangalore

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 Registered Pharmacist with a Registration certificate No:
_____ dated _____ issued by the Karnataka state Pharmacy
Council, Bangalore and
2. That I have enrolled my name in the Karnataka Registered Pharmacists
Welfare Trust, Bangalore. My Enrolment Certificate No is; dated
.....
3. That I have lost the Enrolment certificate of the Karnataka Registered
Pharmacists Welfare Trust, Bangalore and the same is untraceable.
(Vide police complaint No: _____)
4. I swear that the information furnished above are true and correct
5. * I further absolve the Karnataka State Pharmacy Council and its staff from
all responsibilities with the issue of a duplicate enrolment certificate to me,
which I affirm is done on the basis of my claims and this affidavit sworn by
me.

Witness

Deponent

Signature
Date;
Name:
Address: