

AFFIDAVIT

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

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 my 'Registration certificate' certificate is torn/mutilated/burnt/soiled
which I am surrendering herewith.
3. I swear that the information furnished above are true and correct
4. * 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.

Witness

Deponent

Signature
Date:
Name:
Address: