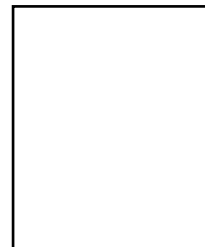


SPECIMEN OF AFFIDAVIT FOR REGISTRATION OF 'ADDITIONAL QUALIFICATION'

**To be submitted before the Registrar, Jharkhand State Pharmacy Council,
Ranchi, Jharkhand-834009.**



I _____ S/o,D/o Father Sh. _____ Mother
Smt. _____ Add _____

_____ do hereby solemnly declare as
under: -

1. That I have been registered with the Jharkhand State Pharmacy Council vide Registration No. _____ on dated _____ based on Diploma/ Degree in Pharmacy passed from _____ in the year _____.
2. That now I have passed my Degree/Master's/ Ph.D./ PharmD i.e. _____ (qualification) from _____ State _____ in the year _____.
3. That I am applying for the Registration of my Additional Qualification in the record for the first time.
4. I undertake that my registration as a Pharmacist may be cancelled if I am found guilty of any offence according to the Pharmacy Act, 1948. I agree that I will follow the Rules of Jharkhand State Pharmacy Council, which may be laid down for the guidance of registered pharmacists from time to time.

VERIFICATION

DEPONENT

I, the above-said deponent, further declare that the above-given statement is true to the best of my knowledge and belief.

Date: - _____

DEPONENT