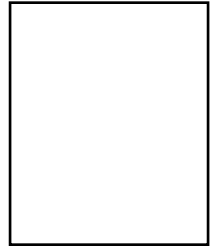


**AFFIDAVIT FOR DUPLICATE REGISTRATION IN CASE OF LOST To be
submitted before the Registrar, Jharkhand State Pharmacy Council, Ranchi,
Jharkhand-834009.**



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

_____ do hereby solemnly declare as
under:-

1. That I have passed Matriculation Examination from (School, Place & Board Name)
_____ P.O _____
P.S _____ Distt. _____ in the Year/ Session _____ and my
date of birth is _____.
2. That I have passed 10+2 Examination from (School, Place & Board Name)
_____ P.O _____
P.S _____ Distt. _____ in the Year/Session _____ and I have
already completed 18 year of age.
3. That I have passed my Diploma/Degree in Pharmacy from _____
_____ Distt. _____ State _____ in year/session _____.
4. I have undergone practical training (Industrial) in (Name of Hospital/ Dispensary,
Place) _____ in
P.O _____ P.S _____ of Distt. _____ State _____ for
_____ hours from _____ to _____ spread over a period of three
months.
5. That I am a residents of Jharkhand of vill _____
_____ P.O _____ P.S _____ Distt. _____
_____ in Jharkhand State. (Adhaar Card enclosed/Residential certificate of
Jharkhand/ Voter ID/ Driving License/ Passport/ Joining letter of Company).

6. That I am registered with Jharkhand State Pharmacy Council vide Registration No. _____ dated _____.
7. That I have lost my Registration Certificate at (Specific place) _____ in _____ city _____ or Village _____ Distt. _____ on dated _____.
8. That I am applying for the 'Duplicate Registration Certificate' for the First/Second/third time.
9. I undertake that I shall never retain two Certificates at one time and if I am found guilty of this offence my Registration may be cancelled straightway and if the Original Certificate is traced out somehow I will deposit back immediately any one of the two Certificates in the office of the Registrar, Jharkhand State Pharmacy Council, Bariatu, Ranchi, Jharkhand by coming personally or by registered post within a week.
10. 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 shall follow the Rules of the 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