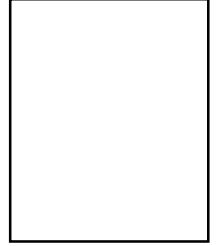


AFFIDAVIT FOR FRESH REGISTRATION

**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 _____ Dist. _____ 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 _____ Dist. _____ in the Year/Session _____ and I have
already completed 18 years of age.
3. That I have passed my Diploma/Degree in Pharmacy from _____
_____ Dist. _____ State _____ in year/session _____.
4. That I have undergone practical / Industrial Training in (Name of Hospital /
Dispensary / Organization, Place) _____ P.O _____
P.S _____ of Dist. _____ State _____ for _____ hours from
(Date) _____ to (Date) _____ spread over a period of 1 months /3
months / 6 months.
5. That I declare under oath that I have obtained all my qualifications & Certificates of
Matric, 10+2 & Diploma / Degree attached herewith which are approved and issued
by the concerned Board / University and PCI, New Delhi & are completely genuine &
true. If found otherwise, I'll not claim Registration as a Pharmacist with Jharkhand
State Pharmacy Council. Furthermore, I shall solely be responsible for producing fake

or false certificates before the Registrar, Staff of Jharkhand State Pharmacy Council and I may be held guilty & punished for this offence and not the Registrar, Staff of Jharkhand State Pharmacy Council, Ranchi, Jharkhand.

6. That I am a resident of Jharkhand of Vill / Town _____
P.O _____ P.S _____ Distt. _____ in Jharkhand State.
(Adhaar Card enclosed / Residential Certificate of Jharkhand / Voter ID / Driving License / Passport / Joining letter of Company).
7. That I am not registered as a pharmacist anywhere in India with any other Pharmacy Council. I have applied for the Registration with **Jharkhand State Pharmacy Council** for the first time.
8. I undertake that my registration as a Pharmacist with Jharkhand State Pharmacy Council 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 statements above-given are true to the best of my knowledge and belief.

Date:- _____

DEPONENT