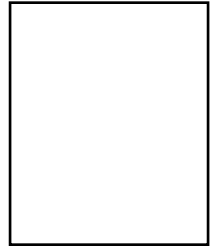


**AFFIDAVIT FOR REGISTRATION TRANSFER FROM OTHER STATE To be
submitted before the Registrar, Jharkhand State Pharmacy Council, Ranchi,
Jharkhand-834009.**



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 declare under oath that I have obtained all my qualifications & Certificates of
Matric, 10+2 & Diploma/Degree attached herewith, which are approved by the
concerned Board/University and PCI, New Delhi & are completely genuine & true, if
found otherwise, I'll not claim for Registration as Pharmacist. Furthermore, I shall

alone be responsible for producing fake or false certificates before the Registrar & Staff of JSPC and I may be held guilty & punished for this offence not the Registrar or Staff of JSPC, Ranchi, Jharkhand.

6. 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).
7. That **I am registered as a pharmacist** with _____ State Pharmacy Council, Registration No. _____ Dated. _____ I want to transfer the Registration Certificate to **Jharkhand State Pharmacy Council, Bariatu, Ranchi-834009.**
8. 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