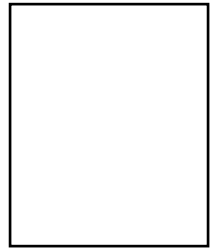


SPECIMEN OF AFFIDAVIT FOR FRESH REGISTRATION (Session 2023-2025 and onwards)

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/Master's/ Ph.D/ Pharm.D in Pharmacy from _____
_____ Dist. _____ State _____ in year/session _____.
4. That I have undergone practical / Industrial Training in (Name of Hospital / Dispensary / Organisation, Place) _____ P. O _____
P.S _____ of Dist. _____ State _____ for _____ hours from (Date) _____ to (Date) _____ spread over a period of one month / three months / six 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 the 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 with any other State Pharmacy Council. I have applied for registration with the **Jharkhand State Pharmacy Council** for the first time.
8. That my registration and renewal of registration is subject to further guidelines of PCI regarding exit examination.
9. 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