

AFFIDAVIT FOR FRESH (FIRST) REGISTRATION IN PONDICHERRY PHARMACY COUNCIL

I, -----S/o / D/o----- residing at -----

do hereby solemnly affirm and declare as under:-

1. That my qualification is onlyand I have completed my Diploma/Degree from(Name of the Institute) affiliated with.....(University/Board name)during the year-----as full time Course.
2. That I am permanent resident of above said address for the last-----years.
3. That all the documents submitted by me for registrations are true and genuine.
4. That if any of the documents submitted by me for registration is to be proved false, I shall be held responsible and my registration may be cancelled.
5. I am not registered my Diploma/Degree in any other State Pharmacy Council in India.

Deponent

Verification

Verified that the contents of the affidavit are true to best of my knowledge and nothing has been concealed therein. Today the -----Month-----Year-----

Deponent