

**FORMAT OF AFFIDAVIT ON Rs.10/- NON-JUDICIAL BOND PAPER
OF PONDICHERRY ATTESTED BY NOTARY FOR
AFFIDAVIT FOR ADDITIONAL QUALIFICATION REGISTRATION IN
PONDICHERRY PHARMACY COUNCIL**

I.....S/o / D/o.....
.....residing at

-do hereby solemnly affirm and declare as under:-

1. That I am residing on the above said address for the last----- years.
2. That my Pondicherry Pharmacy Council Registration Number -----and my Registration date -
3. That my previous qualification wasand I have completed my additional degree during the year----- from.....approved by PCI u/s 12 of the Pharmacy Act1948. I was done the above course on full time regular basis.
4. That I was not worked in any other place, while I pursuing my additional degree (B.Pharm./ M.Pharm. / Pharm.D) course in the above institute.
5. That all the documents submitted by me for registrations are true and genuine the documents submitted by me for registration is to be proved false, I shall be held responsible and my registration may be cancelled.
6. I had not registered my 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