

AFFIDAVIT FOR TRANSFER FROM OTHER STATE TO 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 I had registered as pharmacist with -----Pharmacy Council With
Registration No. -----Dated --.
4. That the reason of my transfer of registration is -----
5. That all the documents submitted by me for registrations are true and genuine.
6. 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.
7. 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