

AFFIDAVIT

In respect of

a) Lateral entry students of B. Pharm., Pharm. D., Pharm. D. (PB)

b) All M. Pharm. & Ph.D Students.

“I, _____ do hereby declare that I have not/will not use my Pharmacist registration

Certificate no. _____ dtd. _____ issued by the _____

Valid up to _____ elsewhere during the course of study in _____.

In case of failure to comply with this declaration, I will render myself liable to action for cancellation of my pharmacist registration u/s 36(1 of the pharmacy act 1948 and debarred from “ course of study” in pharmacy institution on account of infamous conduct.

Name of student:
(In capital)

Name of course:

Signature of student:

Place:

Date: