**AFFIDAVIT**

**To**

**The Registrar**

**Haryana State Pharmacy Council**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a student of (Institution Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Aged\_\_\_\_\_\_\_\_\_Resident\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,do hereby solemnly affirm and declare as follows :

1. I affirm that I was admitted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the Diploma in Pharmacy (D.Pharm) course in the 2022-2023 academic session and successfully completed the course in the 2023-2024 academic session.
2. I acknowledge that the exit examination has not yet been conducted, and I have not appeared for the same. Therefore, I request that the registration certificate be issued, which shall remain valid for a period upto 31.12.2025, or until the exit examination is conducted and completed, whichever is sooner.
3. I undertake that the registration certificate shall not be renewed unless I have successfully cleared the exit examination. The Haryana State Pharmacy Council will only issue a renewal certificate upon submission of proof of passing the exit examination.
4. I further affirm that, should I fail to clear the exit examination within the validity period of the registration certificate, I shall not be eligible for any further

**Deponent**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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