

## AFFIDAVIT FOR NEW REGISTRATION

**To be submitted on a Non-Judicial Stamp Paper of Rs. 10/- duly attested by the 1st  
Class Magistrate / Notary Public.**

### AFFIDAVIT

I.....S/o/D/o .....resident of..... Aged  
.....do hereby solemnly affirms and declare as under:

1. That I am a permanent resident of \_\_\_\_\_  
\_\_\_\_\_

(Mentioned address) for the last.....years. I have submitted my Ration card /  
Voter Card as a Residence proof of above mentioned Address.

**Note: If Voter Card is submitted, it must be certified by the Election officer or M C of the  
area.**

2. That I have submitted my Aadhar Card which is mandatory for Aadhar Link only.

3. That my Date of Birth as per matriculation certificate is.....

4. That I am a Citizen of India.

5. That I have passed my Matriculation from.....(Name of  
School) Affiliated with \_\_\_\_\_(Name of Board) Under Roll  
No \_\_\_\_\_ in the year.....

6. That I have passed my 10+2/ Sen. Secondary from.....(Name  
of School) Affiliated with \_\_\_\_\_(Name of Board) Under Roll  
No \_\_\_\_\_ in the year..... with \_\_\_\_\_ Stream( Medical / Non Medical).

7. That I have passed my \_\_\_\_\_( Diploma / Degree Pharmacy)  
from.....(Name of Institute) Affiliated with  
\_\_\_\_\_ (Name of University / Board) Under \_\_\_\_\_ ( Reg /  
Permanent Roll No) in the year.....

8. That I have attended the \_\_\_\_\_ Course as a regular candidate (D. Pharm /B.  
Pharm/M.Pharm / Pharm D whichever is applicable).

9. That I have not worked anywhere at the time of Undergoing the Pharmacy course.

10. That I want to get myself registration with Haryana State Pharmacy Council, Panchkula for the first time and have not applied for registration with any other state Council in India and abroad so far.

11. That I shall abide by the rules & regulations of Haryana State Pharmacy Council constituted under Pharmacy Act, 1948 & I will wear White Apron during working hours.

12. That no case is pending against me under Drugs & Cosmetics Act, 1940 and rules in 1945 as well as pharmacy act 1948 and the rules made under State Pharmacy Rules 1951

13. That I have never been convicted under Pharmacy Act 1948, and the rules made under state pharmacy rules 1951.

14. That I will serve my business in Haryana State only.

15. That a Fee of Rs. ....with Bank Challan no.....  
dated..... has been deposited  
in \_\_\_\_\_ (Name  
of Bank with Address).

16. That all the documents submitted by me are true & genuine & if any documents submitted by me are proved to be false at any stage, I shall be held responsible & my registration may be cancelled at any time & I may be prosecuted as per Law.

DEPONENT

Verification:

Verified that the above statement of mine is true & correct to the best of my knowledge & nothing has been concealed there in.

DEPONENT

DATED:

PLACE

I know the deponent personally and he has signed in my presence.