

Affidavit Format of Competent Person

Name :-

Father's/Husband's Name:-.....

Local Address :-

.....

Permanent Address :-

.....

DOB:- **Age:-**.....

Hereby declare that:

1. My educational qualification is Matriculation/Graduate/D.Pharm/B.Pharm/Others.
2. My Pharmacist Registration no. is..... Dated & valid upto (If applicable).
3. I am havingyears of experience in dealing of medicines.
4. I have worked in M/s Address:-
..... w.e.f to
5. I have given my consent to work full time as competent person in M/s
..... Address:
(If applicable).
6. I am not working in any government/semi government/private organisation.
7. Medicines will be sold under my personal supervision and all record will be maintained by me.
8. When i will stop to work as competent person then i will inform to Licencing Authority in writing.
9. I have never been convicted under Drugs & Cosmetic Act, 1940 And Rules, 1945.

Place:-

Name :-.....

Date: -

Signature:-.....