

Affidavit Format of Registered Pharmacist

Name:-

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

Local Address:-

.....

Permanent Address:-

.....

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

Hereby declare that:

1. I am registered Pharmacist under MP Pharmacy Council. My educational qualification is D.Pharm/B.Pharm/Others. My Registration no. is..... Dated & valid up to.....
2. I have given my consent to work full time as registered Pharmacist in M/s..... Address:
3. I am not working in any government/semi government/private organisation.
4. Medicines will be sold under my personal supervision and all purchase and sale record will be maintained by me.
5. When i will stop to work as Pharmacist then i will inform to Licencing Authority in writing.
6. I have never been convicted under Drugs & Cosmetic Act, 1940 And Rules, 1945.

Place:-

Name :-.....

Date: -

Signature:-.....