

AFFIDAVIT

1. I.....S/o Sh.....R/O.....do hereby solemnly affirm
and declare as under:-
2. That the deponent is Proprietor/Partner / Director of
M/s.....
Situating at.....
3. That the Deponent is also a Registered Pharmacist with.....Pharmacy Council
vide Registration No. dated
4. That the Deponent was passed Diploma/Degree in Pharmacy
examination.....in the year From.....Board/University.
5. That the Deponent will work as FULL TIME Registered Pharmacy/Competent person
to supervise sale of Drugs by way of retail/wholesale.
6. That the Deponent is not employed anywhere else except
M/s.....
7. That the duty hours of the deponent will be AM toPM with
lunch break from PM to..... PM and shall affix his signature regularly on
the attendance Register maintained by the firm.
8. That the Deponent will inform the Office of Drugs Control Department/Licensing
Authority
Immediately in the event for change of Registered Pharmacist/Competent Person.

VERIFICATION:

Verified.....on this.....day of.....that the contents
of the above affidavit are true and correct to the best of my knowledge and belief.

DEPONENT