

AFFIDAVIT-B

Rs. 10/- Bond paper

I....., aged about S/o or D/o of Shri..... Aged.....years resident of H.No..... do hereby solemnly affirm and state on oath as follows.

That I am deponent herein and quite conversant with the facts of the affidavit.

* That I am not working anywhere as Pharmacist /* working as Pharmacist in.....at..... place, district.

* That I have lost my original Registered Pharmacist Certificate bearing No..... / Pass-Book No.....I have made all efforts to trace it out, but I could not trace it and on which I have made a police complaint at and they could not trace it and given a certificate to this effect which is herewith enclosed.

* That my original Registered Pharmacist Certificate is lost in the office of Drugs Inspector at..... place,district and a letter to this effect issued Drugs Control Authority is enclosed.

Hence I request that I may be given a duplicate Registration Certificate/Pass-Book in the interest of Justice and in the event of tracing it at a later date the same will be surrendered to your office.

And if I am found studying and/or working at TWO places on full time basis at any given period which is not lawful, I am liable for any action and also be liable for removal of my name as Registered Pharmacist from The Register of Andhra Pradesh Pharmacy Council.

I am not convicted by any Court or proved guilty of any infamous conduct in any professional respect. I am not physically and mentally Disabled.

The facts stated above are true and correct to the best of my knowledge and belief.

Attestation

Deponent

The contents of the affidavit are read over and explained to the deponent who agreed to have understood the same and signed before me. Hence attested.

Place:

NOTARY

Date:

* Type whichever is applicable