

**FORMAT OF AFFIDAVIT ON Rs.20/- NON-JUDICIAL BOND  
PAPER OF ANDHRA PRADESH ATTESTED BY NOTARY FOR APPLYING  
FOR DUPLICATE CERTIFICATE IN CASE OF LOSS OF APPC CERTIFICATE.**

**AFFIDAVIT**

I Sri/Smt/.....S/o/D/o Sri.....aged.....years residing at .....  
.....(Andhra Pradesh Address) do here by solemnly affirm and state as under:

1. That I am a Registered Pharmacist with Registration certificate No:..... dated.....issued by the Andhra Pradesh Pharmacy Council, valid until december.....
2. That I have lost the 'Registration Certificate' vide Police Complaint no.(FIR)..... date.....
3. That I have not submitted my Registration Pharmacist Certificate to any individuals or firm or institution or organization or any business establishment for the purpose of license or employment.
4. Previously I worked from date of registration in following firms and I have withdrawn from the firm with their due endorsement. uploaded the letters of endorsements.

S.No	Name of the individual or Institution or organization or Business Establishment. Govt or Private	Designation	License..No. if any	Period From - To	Date of withdrawal and endorsement of concerned authority

5. After registration I have studied the following additional qualifications name of the course .....in the college..... of university from.....to.....
6. I have been working in.....address.....at the time of losing my certificate as ..... with effect from ..... to..... Drug license or experience certificate uploaded.
7. That I shall surrender the said lost certificate to the APPC in case I find the same after the Duplicate certificate is issued.
8. I have not applied for duplicate certificate to conceal the previous working details. Here with uploading the Xerox copy of RPC front and back side with my signature & registration number.
9. \* I further absolve the Andhra Pradesh State Pharmacy Council and its staff from all responsibilities with the issue of a duplicate 'Registered Pharmacists Certificate' to me, which I affirm is done on the basis of my claims and this affidavit sworn by me.

I Swear that the information furnished above are true and correct. If found false necessary action may be taken as per the Pharmacy Act 1948.

Witness:1.

2.

Signature of the Deponent

Date:

Name:

Address:

Deponent signed before me  
Seal of the Notary