AFFIDAVIT-A

Rs. 10/- Bond paper

Notary
Identified by me before me
(Signature of the Applicant)
Solemnly affirmed at (place) on this day of 20 .
Council.
of my name as Registered Pharmacist from The Register of Andhra Pradesh Pharmacy
given period which is not lawful, I am liable for any action and also be liable for removal
And if I am found studying and/or working at TWO places on full time basis at any
knowledge, nothing material has been concealed and no part of it is false.
I hereby state that whatever is stated herein above are true to the best of my
professional respect. I am not physically and mentally Disabled.
I am not convicted by any Court or proved guilty of any infamous conduct in any
* 6. I am presently not working anywhere.
and not working in India.
*5. I am studying/working/living outside India, in the country
* 4. I am studying in
in College/company
* 2. I am working in Govt. Hospitalplaceplaceplace
*1. I am working in medical shop M/splaceplace
That I am Pharmacist and as such fully conversant with the facts deposed to below.
follows:
H.NoAndhra Pradesh take oath and state as
I resident of

^{*} Type whichever is applicable