

**FORMAT OF NOTARY AFFIDAVIT ON Rs.20/- NON-JUDICIAL BOND
PAPER OF ANDHRA PRADESH FOR NEW REGISTRATION
AFFIDAVIT**

I Sri/Smt/.....S/o/D/o Sri.....agedyears
residing at (full address).....(Andhra Pradesh) do hereby solemnly
affirm and state as under:

1. I am a D Pharm// B Pharm/ Pharm D/PB graduate from the PCI approval college (with address).....(college)under.....(Board/University) during period from.....to.....(study period) and passed in the.....month/year my college is approved by the Pharmacy Council of India vide letter. no.....dated.....from the year....to.....
2. I am residing in AP and want to practice pharmacy in Andhra Pradesh State. Hence, I intend to register my name in the Andhra Pradesh State Pharmacy Council.
3. I Declare hereby that I have not registered my name in any other council in India.
4. I have passed the intermediate in the year.....I have joined in diploma in pharmacy/ B Pharmacy/ Pharm D in the year..... . The gap happened because of following reasons.....
5. (Fill Whichever is applicable).
 - I.(a). That I have been working in (full address).....as.....from.....to.....
uploaded proof.
 - (b). That I have worked previously in M/s(full address).....as.....
from.....to.....(mentioned all the organization serially).
 - (c). That I have been outside the country fromto.....for the purpose of working or studying or other reasons.
- II. That I have further studied/studying.....course after passing this registration qualification in(college address).....affiliated to the university fromto..... or till studying, uploaded proof.
6. That I have not worked or studied after passing D Pharm, B Pharm, Pharm D, PB.
7. I have undergone Practical training in.....Hospital at address.....from.....to.....
8. I am aware that studying/working in two places at a time and allowing others to dispense drugs on my behalf and lending certificate without my physical presence will attract section 36 and section 42 of the pharmacy Act 1948 and liable for punishment.

I Swear that the information furnished above are true and correct. If found to be false and misleading, my name may be removed from APPC register without giving any notice.

Witness:1.

Signature of the Deponent

2.

Date:

Name:

Address:

Deponent signed before me
Seal of the Notary