

**For Fresh (First) Registration / Transfer of Registration /Duplicate Certificate**

***Self Declaration/Attestation***

I .....S/o/D/o/W/o.....

Resident/of .....

Do hereby solemnly affirm and declare as under.

1. That I am permanent residence of above said address for the last.....years.
2. That I am not registered previously in any other State Pharmacy Council.
3. That I am registered as Pharmacist with .....State Pharmacy Council bearing Regd. No.....dated.....
4. That I have lost my original Registration certificate No.....dated .....and I have lodged the F.I.R. in the Police Station, & in case I found it ,I shall deposit the same in the council office.
5. That all the documents submitted by me for registration is true & genuine.
6. That if any of the documents submitted by me for registration is to be proved false ,I shall be held responsible and my registration may be cancelled.

**Signature of Deponent**

***Verification***

I verify that the contents of the declaration made by me are true to best of knowledge and nothing has been concealed therein.

Today the .....Month.....Year.....

**Signature of Deponent**

- Note:** (a) Clause 3&4 is not applicable for Fresh Registration.
- (b) Clause 2& 4 is not applicable for transfer from other State Pharmacy council to this council.
- (c) Clause 2 & 3 is not applicable for the loss of Registration certificate.