

## SPECIMEN OF AFFIDAVIT FOR FIRST REGISTRATION

To be submitted before the Registrar Ladakh Pharmacy Council On      Affidavit worth Rs.20/-  
(Attested by 1" Class Magistrate)

I \_\_\_\_\_ S/o,D/O \_\_\_\_\_ Sh. \_\_\_\_\_  
R/o \_\_\_\_\_ Tehsil \_\_\_\_\_ District \_\_\_\_\_ do here by solemnly declare as  
under:-

1. That I have passed Matriculation Examination from .....(Board name) under Roll No..... in theYear \_\_\_\_\_ and my date birth is \_\_\_\_\_ and I have already completed 18 year of age.
2. That I have passed my Diploma or Degree in Pharmacy from .....(institute name and place ) Though.....(university name & Place ) State..... in year\_\_\_\_\_.
3. That I have undergone practical training in (Name of Hospital/Dispensary, Place) \_\_\_\_\_ in \_\_\_\_\_ Tehsil \_\_\_\_\_ of Distt. \_\_\_\_\_ State \_\_\_\_\_ for \_\_\_\_\_ hours from \_\_\_\_\_ to \_\_\_\_\_ spread over a period of three months.
4. That I declare under oath that I have genuinely obtained all my qualifications & all my Certificates of Matric, 10+2 & Diploma or Degree attached herewith are approved from the concerned Board/University and PCI, New Delhi & are completely genuine & true . If found otherwise, I'll not claim for Registration as Pharmacist.
5. That I am a domicile of Ladakh being permanent resident of Vill. \_\_\_\_\_ Tehsil \_\_\_\_\_ Distt. \_\_\_\_\_ in Union Territory of Ladakh. A domicile certificate to this effect has been issued by SDM or Tehsildaar. Vide NO \_\_\_\_\_ dated \_\_\_\_\_
6. That I am not registered as a pharmacist anywhere in India with any other Pharmacy Council. I have applied for the Registration with Ladakh Pharmacy Council for the first time.
7. That I undertake that my registration as Pharmacist may be cancelled if I found guilty of any offence according to the Pharmacy Act 1948 as amended and Ladakh Pharmacy Council Rules, 2022 & Pharmacy practice Regulations 2015. I agree that I will follow the Rules of Ladakh Pharmacy Council which may be laid down for the guidance of registered pharmacists from time to time.

VERIFICATION

DEPONENT

I the above said deponent further declare that the above given statement is true to the best of my knowledge and belief.

Dated:- \_\_\_\_\_ DEPONENT