

## **Self Declaration**

I.....

S/o/D/o.....

Residential address.....

.....

Telangana State, bearing Registration No..... valid upto .....

Present Working Address.....

.....

hereby declare that I am desiring to continue my registration in the list of Registered Pharmacists of Telangana residents provided in the website. I am solely responsible for the information given herein and it is true to the best of my knowledge and belief.

Date:

Place:

**Signature of the Applicant**