

Affidavit

I.....S/o/D/o.....
Residential address.....
.....
Telangana State, bearing Registration No.....valid upto.....

Previously I worked in (Shop/Firm Name & Address)
.....
as pharmacist in Govt/Private/Industry/Teaching/any other from..... to as
(designation)..... I have left the firm on and the same is uploaded.

Presently Not Working/ Working Address with Shop/Company Name
.....
..... as pharmacist in Govt/Private/Industry/Teaching/ any other
from..... as **(designation)**..... hereby declare that I am
desiring to continue my registration in the list of Registered Pharmacists of Telangana
Pharmacy Council provided in the website. I will abide by the Pharmacy Act 1948 and Rules
issued therein and Pharmacy Practice Regulations 2015.

I am solemnly responsible for the information given herein and it is true to the best of my
knowledge and belief.

Witness:

- 1.
- 2.

Date:

Name:

Address:

Signature of the Deponent

**Deponent Signed before me
Seal of the Notary**