

ON STAMP PAPER OF Rs.100/-

POINTS OF AFFIDAVIT FOR THE DUPLICATE CERTIFICATE

I Shri / Smt.(Full name) _____

Aged _____ residing at _____ do hereby state and declare on solemn affirmation as under:

I am a registered pharmacist of Maharashtra State Pharmacy Council bearing Registration No. _____ date _____. The Maharashtra State Pharmacy Council had issued me the certificate of above registration number. The same registration certificate is lost/misplaced, etc. during _____ (reason) _____ and with diligent efforts it is not traced out/found.

I make this affidavit to submit to the Registrar, Maharashtra State Pharmacy Council to issue me a duplicate Registration Certificate. I further declare that in case the original Registration Certificate is found or traced out by me in future, I will not misuse it in any manner and surrender it to the office immediately.

DEPONENT

(Signature of pharmacist)

Photo of pharmacist

Identified by me.**(Notary)**