

**AFFIDAVIT**

To  
Registrar  
(Name of State) State Pharmacy Council

I, (Name), a student of (Name of the Institution), aged (Age), residing at (Address), do hereby solemnly affirm and declare as follows:

1. I affirm that I was admitted to (Name of the Institution) for the Diploma in Pharmacy (D. Pharm) course in the 2022-2023 academic session and successfully completed the course in the 2023-2024 academic session.
2. I acknowledge that the exit examination has not yet been conducted, and I have not appeared for the same. Therefore, I request that the registration certificate be issued, which shall remain valid for a period of one (1) year, or until the exit examination is conducted and completed, whichever is sooner.
3. I undertake that the registration certificate shall not be renewed unless I have successfully cleared the exit examination. The (Name of State) State Pharmacy Council will only issue a renewal certificate upon submission of proof of passing the exit examination.
4. I further affirm that, should I fail to clear the exit examination within the validity period of the registration certificate, I shall not be eligible for any further renewal or continuation of my registration unless I submit proof of clearing the exit examination.

**DEPONENT**

(Signature of the Student)  
(Full Name of the Student)  
Name of the Institution  
(Residence Address)  
(Date)  
(Place)  
Mobile No.  
Email