

**FORMAT OF AFFIDAVIT ON Rs.20/- NON-JUDICIAL BOND
PAPER OF ANDHRA PRADESH ATTESTED BY NOTARY FOR
UNEMPLOYED PHARMACIST**

AFFIDAVIT

I Sri/Smt/.....

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

a Registered pharmacist on the rolls of Andhra Pradesh Pharmacy council, with the Registration No.....
dated..... and validity.....do hereby solemnly affirm and state as under:

1. I am a resident of Andhra Pradesh state with residential address.....
2. Previously I worked in.....address..... as
pharmacist in Govt/private/industry/teaching/any other from.....to.....as(designation)
.....I have left the firm on date the same was informed to the concerned
authorities with their endorsement and the same is uploaded.
3. Presently from date..... I am unemployed and I have not lent my registered pharmacist
certificate to any chemist and Druggist shop/ Hospital/ Nursing home/ wholesale Distributors /
clinics or any firm for name sake without being physically present in the premises to discharge the
duties contemplated under relevant Acts.
4. I am aware that lending of my Andhra Pradesh State Pharmacy Council Registered Pharmacist
Certificate will be guilty of such infamous conduct and will be liable to have my name removed
from the register under u/s 36(1) (ii) of the Pharmacy Act 1948.
5. I am aware that no person other than the Registered pharmacist shall dispense any medicine
on the prescription of a medical practitioner as per the Section 42 of the Pharmacy Act 1948.
6. I undertake to inform you of any change therein, immediately.

I hereby Confirm that the details furnished above are true and correct to the best of my knowledge and
belief and nothing has been concealed therein.

Witness:1.

Signature of the Deponent

2.

Date:

Name:

Address:

Deponent signed before me
Seal of the Notary