

Self Declaration

Date:

I Sri/Smt.....S/o/D/o/Sri.....aged years and residing
in address of.....

1. Previous and Present Employment details:

Name and Address of the Organisation (Medical shop/Government Job/industry/College/ Any other)	Designation	From	To
1.			
2.			
3.			
4.			
5.			

2. If Not Working-Upload Notary affidavit in a Rs.20 Non judicial stamp paper.

3. If working in abroad/India.

Name and Address of the Organization	Designation	From	To
1.			

4. Previous and Present Studied/ Studying details(India/Abroad).

Course Name	Name and Address of the college	University Name	From	To
1. D Pharmacy				
2. B Pharmacy				
3. Pharm D				
4. M Pharmacy				
5. Other Qualifications				

I am permanent resident of Andhra Pradesh and hereby declare that the above mentioned details true and I am not working in two places at a time. I read the pharmacy Act 1948 abide by the rules there under.

(Signature of the applicant)