DEPONENT

SPECIMEN OF SELF DECLARATION FOR FIRST REGISTRATION

To be submitted before the Registrar Punjab State Pharmacy Council

[S/o,D/o	Father Sh		· · · · · · · · · · · · · · · · · · ·	Mother
Smt.		do	here by solemnly	declare as und	der:-
1. That I have passe	ed Matriculation	Examination from	m (School, Plac	ce & Board	Name)
Year/ Session	and my date	birth is	·		
2. That I have pa Year/Session					Name) the
3. That I have pas	ssed my Diplor	na/Degree in Pl	narmacy from		
DisttStat	e in '	year/session			
4. I have undergone	practical training	(Industrial) in (I	Name of Hospita	al/ Dispensary	,Place)
Distt Sta	teformonths.	hours fro	omt	0	spread
5. That I declare und Certificates of Matric concerned Board/University of the Transfer producing fake or guilty & punished for	e, 10+2 & Diplowersity and PCI, I m for Registration false certificates	oma/Degree attach New Delhi & are n as Pharmacist. Fu before the Registr	ned herewith are completely genu arthermore I shall rar & Staff, PSP	approved from the approximation approximation from the approximation approxi	om the found onsible
6. That I am a dor	nicile of Punjab	being permanen	t resident of V	/ill	
Гehsil Di	sttin	Punjab State. (Ad	haar Card enclose	ed).	
7.That I am not reg Council. I have applied	-	•		•	-
B.I undertake that my a according to the Pharagree that I will follow guidance of registered	macy Act, 1948 a w the Rules of Pu	ns amended and So njab Pharmacy Co	tate Pharmacy Co	ouncil Rules,	1951. I
<u>VERIFICATION</u>			I	DEPONENT	
I the ab	-	t further declare th	at the above give	en statement is	true to

Dated:-

SPECIMEN OF SELF DECLARATION FOR FRESH REGISTRATION OF PHARMACIST $\underline{FROM\ ABROAD}$

To be submitted before the Registrar Punjab State Pharmacy Council

I	S/o D/o For	thar Sh		Mo	ther
ISmt.	S/0,D/0				
		do he	re by solemnly	declare as und	er:-
1. That I have passed Ma		nation from (School	— 1	Name)	
Distt in the	Year/ Session	·	101	1011	
2.That I have passed 10+			T 1 **	1	
Distt in the	e Year/Session	and I have a	lready comple	ted 18 year of a	ge.
3.That I have passed my I					
in yea	ar/session	Distt.			state
4.I have undergone practice.			o of Hospital	I/Disponsory Dl	000)
Tehsiltospre	of Distt. ead over a period o	State f three months.	for	hours f	rom
5.That I declare under of Certificates of Matric, 1 concerned Board/University otherwise, I'll not claim for producing fake or fals guilty & punished for this	0+2 & Diploma/lity and PCI, New or Registration as less certificates before	Degree attached h Delhi & are comp Pharmacist. Further ore the Registrar &	nerewith are a pletely genuine rmore I shall a to Staff, PSPC	approved from e & true . If fo lone be respons	the ound sible
6.That I am a domicile	J	-		Tehe	
Distt	-	_in Punjab State. (A	Adhaar Card ei	nclosed)	
7. That I am not registe Council. I have applied for	-	_		•	nacy
8.I undertake that my registance according to the Pharmac agree that I will follow the guidance of registered pharmac pharmac agreements.	cy Act,1948 as an e Rules of Punjab	nended and State I Pharmacy Council	Pharmacy Cou	ıncil Rules,195	1. I
VERIFICATION I the above the best of my knowledge	-	ther declare that the		PONENT statement is tru	e to
Dated: -			DE	PONENT	

Sr.No.03 + (Affidavit/Self Declaration) SPECIMEN OF SELF DECLARATION FOR MIGRATION OF REGISTRATION To be submitted before the Decistres Brainless of the Property of the Pro

To be submitted before the Reg	istrar Punj	ab State P	Pharmacy Co	uncil	
IS/o,D/o Fath	ner Sh		Mother	· Smt	
R/o					
do here by solemnly declare as under:-					
1. That I have passed Matriculat					
	ession	anan	d my date birth	is	
2. That I have passed 10+2		,		TD 1 '1	ame)
in the Year/Sessi	ion	and I	I have already co	ompleted 18 year of	age.
3. That I have passed my Diploma/Deg	ree in Pharma	cy from			
in year/session	n		Distt		State
4. I have undergone practical	training (In	dustrial) i	n (Name of		
Place) of Distt of three	State	for	hour	rs from	
spread over a period of three	months.	101			_ "
No. is dated 6. That before and after registration wit address/addresses for the period noted a (i) Before Registration:-	h the above sa	id Pharmacy	y Council I was	residing at the follo	wing
Address/Addresses	<u>Peri</u>	od of Stay			
1	Yr	to			
2	Yr	to			
(ii) After Registration :-					
Address/Addresses	<u>Peri</u>	od of Stay			
1	Yr				
2	Yr	to			
7. That I am a domicile of Punjab being	g permanent re	sident of Vil	11		
TehsilDistt	in Punia	b State (Ad	haar Card enclos	sed)	_
8.That I declare under oath that I have ge 10+2 & Diploma/Degree attached herewith & are completely genuine & true. If found shall alone be responsible for producing fa held guilty & punished for this offence not 9.I undertake that my registration as Pharm Pharmacy Act, 1948 as amended and State Punjab Pharmacy Council which may be lain	enuinely obtained are approved find otherwise, I'll ke or false certithe Registrar or nacist may be care Pharmacy Court of the Registrar or nacist may be care Pharmacy Court of the Registrar or nacist may be care Pharmacy Court of the Registrar or nacist may be care Pharmacy Court of the Registrar or nacist may be care or nacist may be care of the Registrar or nacist	d all my qua com the conce not claim fo ficates before Staff, PSPC. ancelled if I funcil Rules, 1	alifications & all erned Board/Univor Registration as e the Registrar & found guilty of an 1951. I agree that	my Certificates of M rersity and PCI, New Pharmacist. Furtherm Staff, PSPC and I may be offence according to I will follow the Rul	Delhi nore I ay be to the les of
VERIFICATION I the above said depone of my knowledge and belief.	ent further dec	are that the		DEPONENT tement is true to the	best

DEPONENT Dated: - _____

DEPONENT

SPECIMEN OF SELF DECLARATION FOR 'DUPLICATE REGISTRATION' IN CASE OF LOST

To be submitted before the Registrar Punjab State Pharmacy Council

	e	•	·	
I	S/o,D/o Father	Sh	N	」 Iother
Smt	R/o	do hara by	golomniy dooloro og y	ndor:
1. That I am a	domicile of Punjab bei	ing permanent r	resident of Vill	
	Distt	in Punjab State.	1	
2.That I have passed	Matriculation Examination	from (School, Pla		
year/session	·			
3. That I have pa	assed 10+2 Examination	from (School,	Place & Board N	Name)
TehsilD completed 18 year of a	istt in the Year/S ge.	ession	and I have al	lready
	my Diploma/Degree in Pha		Distt.	
State	in the year/session	·		
5.I have undergone p	oractical training (Industria		Hospital/Dispensary,	Place)
in Tehsil	of Distt			
6.That I am registered dated	with Punjab State Pharmac	cy Council vide Re	egistration No	
7. That I have lost my in city or Village	Registration Certificate at (S	Specific place)		
Distt on o	lated			
8. That I am applying time.	for the 'Duplicate Regist	ration Certificate	' for the First/Second	l/third
offence my Registratio somehow I will depos Registrar, Punjab Stat	all never retain two Certific n may be cancelled straight it back immediately any or the Pharmacy Council, Med y registered post within a w	way and if the Origine of the two Cert lical Education Bl	ginal Certificate is tracificates in the office	ce out of the
offence according to t 1951. I agree that I sha	registration as Pharmacist he Pharmacy Act, 1948 as Il follow the Rules of Punja istered pharmacists from tin	amended and State by Pharmacy Council	e Pharmacy Council 1	Rules,
VERIFICATION			DEPONENT	
I the ab	ove said deponent further dolling and belief.	eclare that the abov	re given statement is t	rue to

Dated: - _____

SPECIMEN OF SELF DECLARATION FOR '<u>DUPLICATE REGISTRATION'</u> IN CASE OF GOOD STANDING CRTIFICATE ISSUED EARLIER

To be submitted before the Registrar Punjab State Pharmacy Council

1.TL . I	F 41 - 61	M.d. S. A
1.That IS/o,D/o	Father Sn.	Mother Smt.
	do here by	solemnly declare as under:-
2. That I am a domicle of Punjab		TD 1 '1
Distt in Punjab	State.	
3.That I have passed Matriculation Examinat	tion from (School, Pla	<u> </u>
in the year/session	. •	
4.That I have passed 10+2 Examination	on from (School,	Place & Board Name)
Tehsil Distt. in	the Year/Session	and I have
already completed 18 year of age.		
5.That I have passed my Diploma/Degree	in Pharmacy from_	
in the year/session	and I have u	Distt. ndergone practical training
(Industrial) in (Name of Hospital/Dispensary	, Place)	maeigene praenear nammg
	_ in Tehsil	of Distt
6.That I am registered with Punjab State Phardated	macy Council vide Re	egistration No
7. That on my request the Good Standin		*
after cancellation of my O	riginal Registration Cer	rtificate.
8. That I have not migrated to year/year	as of now & my p	permanent immigration may
9.That I shall not allow the misuse of the 'D	unlicate Registration	Certificate' thus issued &
will submit the same into the O/o Punjab Sta		
my immigration will takes place.		
10.I undertake that my registration as Pharm offence according to the Pharmacy Act, 1948 may be laid down from time to time.		
<u>VERIFICATION</u>		DEPONENT
I the above said deponent further the best of my knowledge and belief.	er declare that the above	ve given statement is true to
Datad		DEDOMENT
Dated:		DEPONENT

SPECIMEN OF SELF DECLARATION FOR <u>REGISTTRATION OF 'ADDITIONAL</u> <u>QUALIFICATION'</u>

To be submitted before the Registrar Punjab State Pharmacy Council

I_ Mothe	S/o,D/o Father Sh
1.	That I have been registered with the Punjab State Pharmacy Council vide Registration No on dated on the basis of Diploma/ Degree in Pharmacy passed from
2.	That now I have passed my Degree/Master i.e. (qualification) from State in the year
3.	That I am applying for the Registration of my Additional Qualification in the record for the first time.
4.	I undertake that my registration as Pharmacist may be cancelled if I found guilty of any offence according to the Pharmacy Act 1948 as amended and State Pharmacy Council Rules 1951. I agree that I will follow the Rules of Punjab Pharmacy Council which may be laid down for the guidance of registered pharmacists from time to time.
<u>VERI</u>	<u>DEPONENT</u>
the be	I the above said deponent further declare that the above given statement is true to st of my knowledge and belief.
Dated	: DEPONENT