



**KARNATAKA STATE PHARMACY COUNCIL**  
514/E, I Main, II Stage, Vijayanagar, Bangalore – 560 104  
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E-mail: kspcreg@gmail.com, Web: www.kspcdic.com

**FORMAT OF AFFIDAVIT ON Rs.20/- NON-JUDICIAL BOND PAPER  
ATTESTED BY NOTARY FOR FRESH / TRANSFER OF REGISTRATION**

**AFFIDAVIT**

I Sri/Smt/.....S/o/D/oSri..... aged.....years residing at .....  
..... do hereby solemnly affirm and state as under:

**As per Regulation 3.1 of Pharmacy Practice Regulation (PPR),2015 & Sec.36(1) (ii) of the  
Pharmacy Act 1948**

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. Even under threat, I will not use my pharmacy knowledge contrary to the laws of humanity.
3. I will maintain the utmost respect for human life from the time of conception.
4. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity.
6. The health of my patient will be my first consideration.
7. I will respect the secrets which are confined in me.
8. I will give to my teachers and seniors the respect and gratitude which is their due.
9. I will maintain by all means in my power, the honour and noble traditions of pharmacy profession.
10. I will treat my colleagues with all respect and dignity.
11. I shall abide by the code of ethics as laid down by the Pharmacy Council of India.

**12. I agree that if I am granted registration at Karnataka State Pharmacy Council, I will not lent my Registered Pharmacist Certificate to any Chemist and Druggist shop / Hospital / Nursing Home / Wholesale Distributors / Clinics for name sake without being physically present in the premises to discharge the duties contemplated under sub-rule (2) of Rule 65 of the Drugs and Cosmetics Rules, 1945.**

13. I am aware that lending of my Karnataka 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.

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

Witness:

Signature of the Deponent

Date:

Name:

Address:

Deponent signed before me

Seal of the Notary