

# AFFIDAVIT

I.....S/o Sh.....R/o.....do hereby solemnly affirm and declare as under:-

1. That the deponent is Prop./Partner/Director of M/s..... situated at .....

2. That the deponent has appointed Shri..... S/o..... R/o.....(Regn. No.....) in his firm on a salary of Rs.....per month w.e.f. .... as full time Registered Pharmacist/Competent Person. His duty hours are ..... AM to..... PM with lunch break from .....AM to ..... PM.

3. That the Deponent will also maintain the Daily Attendance Register of the Pharmacist/Competent Person and make it available on demand to the Drugs Inspector at the time of Inspection of the firm.

4. That the Deponent will inform the office of Drugs Control Deptt. /Licensing Authority immediately in the event of change of Registered Pharmacist/ Competent Person.

( )

DEPONENT

## VERIFICATION:

Verified at ..... on this ..... day of ..... that the contents of the above affidavit are true and correct to the best of my knowledge and belief.

( )

DEPONENT