

AFFIDAVIT

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

1. That Deponent is a Registered Pharmacist with..... Pharmacy Council vide Regn. No.....dated.....
2. That the Deponent was passed Diploma/Degree in Pharmacy examinationin the year..... from.....Board /University.
3. That the Deponent has joined M/S.....situated at..... with effect from.....as FULL TIME Registered Pharmacist/ Competent person to supervise sale of drugs by way of retail /wholesale.
4. That previously the Deponent was working as Registered Pharmacist/ Competent person with M/s..... situated at.....holding Licence No.(S)on Forms..... which job he has left w.e.fand intimated to the Drug control Department/ Licensing Authority.

OR

That the Deponent as not working anywhere.

5. That the deponent will inform the Drugs Control Department/Licensing authority, when he leaves the present firm M/S..... under intimation to the Proprietor/Partner/Director of the firm.
6. That the Deponent is not employed anywhere else except with M/S.....
7. That the Deponent will get Rs.....as salary per month.
8. That the duty hours of the deponent will be.....AM to.....PM with lunch break from.....PM to.....PM and shall affix his signatures regularly on the attendance Register maintained by the firm.
9. That the deponent will give one month prior notice to the firm & also intimate to the Drugs Control Department regarding his leaving of job with the firm.

DEPONENT

VERIFICATION:

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

DEPONENT