

AFFIDAVIT

I _____ S/D/O _____

Resident of _____

Do hereby solemnly affirm and declare as under:-

1. I passed Pharm-D examination in the year _____, Roll No _____ from the university _____.
2. That the university _____ issued my Pharm-D Degree No. _____ dated: _____ which is genuine one.
3. That I have never been granted registration certificate by any of the provincial pharmacy council in Pakistan, neither have I applied for the same elsewhere.
4. That I have never been declared unsound mind by any court of law.

That as stated information furnished by me are correct and in case of wrong information, I shall be responsible for consequences.

Deponent _____

Verification

Verified on oath this _____

Day of _____ at _____

That the contents of this affidavit are true to the best of my

Knowledge and beliefs and nothing have been concealed.

Deponent _____