

Applicant/Authorized Person Affidavit Form

Licence Nos: .....  
.....  
.....

Name:-.....

Father's/Husband's Name:-.....

Address:-.....  
.....

**I hereby declare that:**

1. I/Authorized person have applied for fresh grant of Retail/Wholesale Licence in Form No. 20/21, Form 20-B/21-B, due to change of Premises from (old address) .....  
.....  
to (new address) .....  
.....

2. I/Any Director/Partners/Society Members/Trusty, have never been convicted under Drugs & Cosmetics Act, 1940 And Rules, 1945.and also no cases are pending against me /us in any court of law.

3\*.I/Any Director/Partners/Society Members/Trusty, were granted Licence with the name of  
M/s..... Licence Nos .....  
..... at .....  
which have never been suspended/cancelled.

4\* . I/Any Director/Partners/Society Members/Trusty, have appointed  
Mr./Mrs./Miss. ....  
Mr./Mrs./Miss. ....  
Mr./Mrs./Miss. ....  
to work as Registered Pharmacist. Medicines will be sold under supervision of Registered Pharmacist. All purchase and sale record will be maintained by Registered Pharmacist.

5. I/Any Director/Partners/Society Members/Trusty, have appointed

Mr./Mrs./Miss. ....

Mr./Mrs./Miss. ....

Mr./Mrs./Miss. ....

to work as Competent Person. Medicines will be sold under personal supervision of Competent Person. All purchase and sale record will be maintained by Competent Person.

6. I/Any Director/Partners/Society Members/Trusty declare that the premises for which application has been made. is in my possession as per my ownership deed / as per the rent agreement/lease deed with consent of owner

Mr./Miss/Mrs. ....

7. I/We..... declare that i/we will surrender the existing licence(s) issued to me/us in the older premises to the Licensing Authority as soon as fresh Licence(s) are issued to me/us. Also I/We.....declare that the earlier licence(s) would not be used by me after issuance of fresh licence.

\*. As applicable

Place:-.....

Name:-.....

Date:-.....

Signature:-.....