

Applicant/Authorized Person Affidavit Form

Licence Nos:

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Name:-.....

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

Address:-.....

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I hereby declare that:

1. I/Authorized person has been granted Retail/Wholesale Licence in Form No. 20/21, Form 20-B/21-B with the name which is/are valid up to

2* . I/We, declare that earlier

Mr./Miss./Mrs. B.Pharm/D.Pharm, Reg.no., date of issue, validity up to

Mr./Miss./Mrs. B.Pharm/D.Pharm,Reg.no., date of issue, validity up to

Mr./Miss./Mrs. B.Pharm/D.Pharm,Reg.no., date of issue, validity up to

was/were working as the Registered Pharmacist/Competent person in my shop/firm. He/She will continue to work as Registered Pharmacist/Competent person in my shop/firm.

3* . I/We, declare that earlier

Mr./Miss./Mrs. B.Pharm/D.Pharm,Reg.no., date of issue, validity up to

Mr./Miss./Mrs. B.Pharm/D.Pharm,Reg.no., date of issue, validity up to

Mr./Miss./Mrs. B.Pharm/D.Pharm,Reg.no., date of issue, validity up to

will not work as Registered Pharmacist/Competent person in my shop/firm, and his/her name needs to be deleted.

4* .I/Any Director/Partners/Society Members/Trusty, have now appointed

Mr./Miss./Mrs. B.Pharma/D.Pharma, Reg.no.,
date of issue, validity up to

Mr./Miss./Mrs. B.Pharma/D.Pharma, Reg.no.,
date of issue, validity up to

Mr./Miss./Mrs. B.Pharma/D.Pharma, Reg.no.,
date of issue, validity up to

to work as Registered Pharmacist(s). Medicines will be sold under personal supervision of Registered Pharmacist.
purchase and sale record will be maintained by Registered pharmacist.

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

Mr./Miss./Mrs.

Mr./Miss./Mrs.

Mr./Miss./Mrs.

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.

*. As applicable

Place:-.....

Name :-.....

Date:-.....

Signature:-.....