

**FORMAT OF AFFIDAVIT ON Rs.20/- NON-JUDICIAL BOND  
PAPER OF TELANGANA ATTESTED BY NOTARY FOR APPLYING  
FOR DUPLICATE CERTIFICATE IN CASE OF LOSS OF TGPC CERTIFICATE**

**AFFIDAVIT**

I Sri/Smt/.....S/o/D/o Sri.....aged.....years residing at .....  
..... (Telangana Address) do here by solemnly affirm and state as under:

1. That I am a Registered Pharmacist with Registration certificate No:.....  
Dated.....issued by the Telangana Pharmacy Council, valid until December.....
2. That I have lost the 'Registration Certificate' vide Police Complaint no.(FIR).....  
date.....
3. That I have not submitted my Registration Pharmacist Certificate to any individuals or firm  
or institution or organization or any business establishment for the purpose of license or  
employment.
4. Previously I worked from date of registration in following firms and I have withdrawn  
from the firm with their due endorsement. Uploaded the letters of endorsements.

S.No	Name of the individual or Institution or organization or Business Establishment. Government or Private	Designation	License. No. if any	Period From - To	Date of withdrawal and endorsement of concerned authority

5. After registration I have studied the following additional qualifications name of the course  
.....in the college..... of university from.....to.....
6. I have been working in.....address. .... at  
the time of losing my certificate as ..... with effect from .....  
to ..... Drug license or experience certificate uploaded.
7. That I shall surrender the said lost certificate to the TGPC in case I find the same after the  
Duplicate certificate is issued.
8. I have not applied for duplicate certificate to conceal the previous working details. Here with  
uploading the Xerox copy of RPC front and back side with my signature & registration number.
9. \* I further absolve the Telangana Pharmacy Council and its staff from all responsibilities with  
the issue of a duplicate 'Registered Pharmacists Certificate' to me, which I affirm is done on  
the basis of my claims and this affidavit sworn by me.

I Swear that the information furnished above are true and correct. If found false necessary action may be  
taken as per the Pharmacy Act 1948.

Witness:1.

2.

Signature of the Deponent

Date:

Name:

Address:

Deponent signed before me  
Seal of the Notary