

Format of Undertaking for Pharmacist Registration certificate

In respect of :-

a. Lateral entry students of B. Pharma

b. M. Pharma and Ph.D student

“ I _____ (Name of student) _____ do hereby declare that I have not/will not use my Pharmacist registration certification No. _____ dated _____ issued by the _____ (Name of state _____ Pharmacy Council) _____ valid upto _____ elsewhere during the course of study in _____ (Name of Institution) _____ .

In case of failure to comply with this declaration, I will render myself liable to action for cancellation of my pharmacist registration u/s 36(1) (ii) of Pharmacy act, 1948 and debarred from “course of study” in pharmacy institution on account of infamous conduct.

Place:

Date:

Name of Student: _____

Name of Course: _____

Signature of student: _____