

Affidavit

I,....., S/O, D/O A STUDENT
OF.....

....., AGED.....,

RESIDING AT.....

.....
DO HEREBY SOLEMNLY AFFIRM AND DECLARE AS FOLLOWS:

1. I AFFIRM THAT I WAS ADMITTED TO

..... FOR THE DIPLOMA IN PHARMACY (D
PHARM) COURSE IN THE 2022-2023 ACADEMIC SESSION AND
SUCCESSFULLY COMPLETED THE COURSE IN THE 2023-2024 ACADEMIC
SESSION.

2. I ACKNOWLEDGE THAT THE EXIT EXAMINATION HAS NOT YET BEEN
CONDUCTED, AND I HAVE NOT APPEARED FOR THE SAME. THEREFORE,
I REQUEST THAT THE REGISTRATION CERTIFICATE BE ISSUED,
WHICH SHALL REMAIN VALID FOR A PERIOD OF ONE (1) YEAR, OR
UNTIL THE EXIT EXAMINATION IS CONDUCTED AND COMPLETED,
WHICHEVER IS EARLIER.

3. I UNDERTAKE THAT THE REGISTRATION CERTIFICATE SHALL NOT BE
RENEWED UNLESS I HAVE SUCCESSFULLY CLEARED EXIT
EXAMINATION. THE KERALA STATE PHARMACY COUNCIL WILL ISSUE
A RENEWAL CERTIFICATE ONLY AFTER SUBMISSION OF PROOF OF
PASSING THE EXIT EXAMINATION.

4. I FURTHER AFFIRM THAT, SHOULD I FAIL TO CLEAR THE EXIT
EXAMINATION WITHIN THE VALIDITY PERIOD OF THE REGISTRATION
CERTIFICATE, I SHALL NOT BE ELIGIBLE FOR ANY FURTHER
RENEWAL OR CONTINUATION OF MY REGISTRATION UNLESS I SUBMIT
PROOF OF CLEARING THE EXIT EXAMINATION.

SIGNATURE OF THE STUDENT :
FULL NAME OF THE STUDENT :
NAME OF THE INSTITUTION :
RESIDENTIAL ADDRESS :
DATE :
PLACE :
MOBILE NO :
EMAIL :

DEPONENT