

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