

Affidavit

(Affidavit to be submitted for non-conviction by the proprietor/ partner / director)

I, S/o Sh. R/o
..... do hereby solemnly affirm and declare as under:

1. That the deponent is the sole proprietor of M/s situated at
2. That neither the firm nor the proprietor/ partner / director of the firm has ever been convicted under the Drugs and Cosmetics Act, 1940.
3. That the premises situated at are in physical and legal possession of the firm.
4. That in case any statement / documents accompanying my application is found to be false, my approval / permission / licence obtained would be liable to be cancelled by the licensing authority without any notice.

DEPONENT

VERIFICATION

Verified at Delhi on this day of that the contents of the above affidavit are true and correct to my knowledge, no part of it is false and nothing material has been concealed there from.

DEPONENT

(To be Submitted on Rs. 10/- Non Judicial Stamp Paper duly attested by Notary Public.)

AFFIDAVIT

(Affidavit to be submitted if premises is located in commercial notified road)

I S/o Sh.
.....do hereby Solemnly Affirm and declare as under :-

1. That I am the sole proprietor / one of the partners /Directors of the firm M/s. _____ situated at _____
2. That I have applied for grant / renewal of drug licence for retail sale / wholesale of drugs at the premises situated at _____
3. That the premises where the licence has been applied is abetting commercial road / mixed used street i.e. to, which has been mentioned at serial No. in the list of commercial road / mixed used street of Zone in the Master Plan for Delhi 2021 (MPD-2021) as indicated in site plan attached – copy enclosed.
4. That the registration / conversion / parking charges towards the mixed land use, as applicable in respect of the premises under reference, have been deposited to the Municipal Corporation of Delhi for the current period and I further undertake to pay mixed land use charges from time to time as applicable. 5. That the Licensing Authority, Drugs Control Department, Govt. of NCT of Delhi may cancel the licences issued, in the event if proved that my firm is found contravening the provisions of MPD 2021 specifically in respect of any of the false statement furnished by me afore stated (Small Shops/ retail shop/ commercial use).

(DEPONENT)

VERIFICATION:

Verified at Delhi on this day of that the contents of the above affidavit are true and correct to the best of my knowledge and belief.

(DEPONENT)

(To be Submitted on Rs. 10/- Non Judicial Stamp Paper duly attested by Notary Public.)

Particulars of Registered Pharmacist /Competent Person to be Approved on licence in form 20, 21, 20B, 21B, 20C, 20D

Name:

Father / Husband's Name:

Date of Birth and Age:

Residential Address:

Phone No:

Educational Qualification:

Exam Passed	Year of Passing	Univ. / Board

Whether Registered as Pharmacist with Delhi Pharmacy Council:

Registration No:

Date of Registration:

Experience Details:

Period of Experience In Month / Year	From	To	Name & Address of the Firm	Licence No. of the Firm

Name & Address of the firm }

where working presently: }

Date of Joining the present firm:

Signature of Pharmacist / Competent Person

Signature of Director / Partner / Proprietor of the firm