

**DECLARATION BY REGISTERED PHARMACIST / QUALIFIED PERSON
with DRUGS INSPECTOR'S ENDORSEMENT**

I, Son / Daughter of
Presently residing at

..
am a Registered Pharmacist / Qualified Person (Regd. No. & Date
renewed up to) and submitting herewith an attested photocopy of the same
renewed up to date.

I am the Proprietor / Partner /Director/ Employee of M/s
situated at D.N o. Place : Mandal; Dist; with effect from the date of this declaration.
I hereby undertake to supervise the Sales of all the Drugs in the above sale premises and
held my self responsible for the maintenance of all the Registers and Records ; cas h / credit
memos as required under the Drugs and Cosmetics Rules 1945. If I want to leave from the
services of the above shop, I will intimate my resignation to the Licencing authority ;
concerned Drugs Inspector and to the management of the shop before more than one month
in advance.

My name was previously included in the Drugs licences in Form 20 ; 21 of M/s
..... D.NO.PlaceMandalDist;..... Until
..... I had tendered my resignation to the firm with effect from and intimated the
same to the Licencing authority vide my letter dated and a copy of the same is
enclosed.

I worked as Registered Pharmacist / Qualified person since (Last ten years) in the
following sales firms.
Date of Joining Name and Address of the firm Date of leaving

Place:

SIGNATURE

Date :

ENDORSEMENT OF THE DRUGS INSPECTOR

The name of the above Registered Pharmacist / Qualified Person is not included in any Drug
Licences in my Jurisdiction / Zone and original R.P.Certificate is kept in this office custody

Place:

Date:

SIGNATURE OF DRUGS INSPECTOR WITH STAMP
