

BEFORE THE EXECUTIVE MAGISTRATE
A F F I D A V I T

I _____ Son / Daughter of Sri _____ Age: ____ Yrs.
At: _____ Po: _____, Tah.: _____ Dist: _____ (State:
_____) do hereby solemnly affirm and state an oath as follows:

That, I am the deponent to this affidavit.

- (1) That, I have taken admission into D. Pharm. Course during the Academic Session 2014 – 15 after completing the minimum qualification of +2 Sc. or its equivalent (laid down by Pharmacy Council of India) from _____, _____ . I have submitted all the required documents along with Migration Certificate from _____, _____ . Prior to verification of genuineness of my Migration Certificate, I may be allowed to appear the D. Pharm Examination Provisionally. If Migration Certificate submitted to Odisha State Board of Pharmacy found false, my candidature may be cancelled for the Examination appeared.
- (2) That the facts stated above are true and correct to the best of my knowledge and belief.

Identified By

DEPONENT

Advocate