



INDIA NON JUDICIAL

తెలంగాణ తెలంగాణA TELANGANA

Sl. No. 3452 Date 27/03/2018 Rs. 20/-  
Sold to Ram Mohan  
S/o Shankarayya  
For whom Self & others

N. Nageswar 12AA 371553

NAKKA NAGESWAR  
Licensed Stamp Vendor  
Lic. No. 15-07-010/2013. R.L. No. 15-07-033/2016  
Flat No. 211, 2nd Floor, Silver Oak Apartments,  
CHERLA PALLY - 501 301  
Medchal - Malkajgiri Dist. ( TS )  
Cell : 9949 110 435

### AFFADIVIT

I, G.ANJALI, D/O. G.RAMDAS, W/O.R.PANDURANGAIAH, AGE 40 YEARS,  
R/O. PLOT NO.754, PADMA NAGAR, PHASE-2, CHINTHAL, QUTHBULLAPUR  
MANDAL, MEDCHAL DISTRICT. state on oath as follows:-

I am a Registered Pharmacist with Certificate bearing 034272/A2, DT. 31/01/2002

I am working as A PHARMACIST OF M/s. UMA MAHESWARA MEDICAL AND  
GENERAL STORES, D.NO.1-38-2934, INDIRAMMA NAGAR, RASOOLPURRA,  
BEGUMPET, SECUNDERABAD with full time Pharmacist Services.

I will not work in any other firm in any capacity as long as the Registered  
Pharmacist of this shop previously I worked as a Pharmacist of M/s.

Further, I declare that I am not doing any further studies in any course in any University after completion of my D.Pharmacy / B.Pharmacy.

In case of my resignation/ leaving the above firm, I will give advance notice one month in writing to the licence holder and will mark a copy of the same to District licensing authority and area Drugs Inspector.

I hereby declare that the above matter is true and correct to the best of my knowledge. If it is found incorrect then the authorities may take legal action against me as per rules.

I will be held responsible for anything happens during the sale of drugs in contravening of Drugs Act and related Acts during my service in the above shop.

Place: Hyderabad

Date:

G. Anjali  
SIGNATURE

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

I G.ANJALI, D/O. G.RAMDAS, W/O.R.PANDURANGAIAH, AGE 40 YEARS,  
R/O. PLOT NO.754, PADMA NAGAR, PHASE-2, CHINTHAL, QUTHBULLAPUR  
MANDAL, MEDCHAL DISTRICT

am a Registered Pharmacist bearing No. 034272/A2, DT. 31/01/2002

submitting herewith an attested photocopy of the same renewed up to date.

I am the **PHARMACIST** of \_\_\_\_\_ with effect from the date of this declaration. M/S.  
UMA MAHESWARA MEDICAL AND GENERAL STORES, D.NO.1-38-2934,  
INDIRAMMA NAGAR, RASOOLPURRA, BEGUMPET, SECUNDERABAD

I hereby undertaken 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; cash/credit memos as required under the Drugs and Cosmetics Rules 1945. If want to leave from the service of the above shop, I will intimate my registration to the Licensing authority; concerned Drug Inspector and to the management of the shop before more than one month in advance.

My name was previously included in the Drugs Licenses in Form 20;21 Of m/s \_\_\_\_\_

\_\_\_\_\_  
I had tendered my registration to the firm with effects from \_\_\_\_\_ and intimated the same to the Licensing authority vide my letter dated \_\_\_\_\_ and a copy of the same is enclosed.I worked as Register 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:

Date:

*Gr Anjali*

SIGNATURE

**ENDORSEMENT OF THE DRUGS INSPECTOR**

The name of the above Registered Pharmacist /Qualified person is not included in any Drug Licenses in my Jurisdiction /Zone

Place:

Date:

SIGNATURE OF DRUGS INSPECTOR WITH STAMP

## DECLARATION OF THE PARTNER/PROPRIETOR/ PHARMACIST

1. SHOP NAME : UMA MAHESHWARA MEDICAL AND GENERAL STORES
2. FULL NAME : G.ANJALI
3. Father's Name/Husband 's Name D/O : G.RAMDAS  
W/O. R.PANDURANGAIAH
4. Age : 40 YEARS
5. Permanent Address : PLOT NO. 754, PADMA NAGAR, PHASE-2  
(Proof to be attach) CHINTAL, QUTHBULLAPUR MANDAL,  
MEDCHAL DT.
6. Present Residential Address : -DO-
7. Educational Qualification : D.PHARMA
8. Details of Earlier Occupation for :
9. Whether you/your spouse are in Possession of any Licenses under Drugs and cosmetics Rules Earlier or Present? If Yes details : -NO-
10. Whether at Any time/your /yours spouse's Drugs Licenses cancelled? If yes, Details : -No-
11. Whether you/your spouse at any time convicte Under any criminal law? If yes, details : -No-
12. Either alone or with any body, you/your Spouse involved in any Drus Cases? If yes details : -No-
13. Are you/your spouse Convicted/Acquited in any Cases Under Drugs and Cosmetics Act,1940? If yes, details : -No-
14. Are you studied the Rules and Regulations of Drugs and Cosmetics Act,1940 and Rules 1945 and under-Stand Responsibilities of a Licensed Dealer? : YES

Certified that the above information furnished by me is true and correct and in case if any thing above stated is found false.I am Liable for Criminal Action to be taken by the officers of the Drugs Control Administration

Place :

Date :

G. Anjali  
SIGNATURE



Vidmed

# Vidmed Telehealth

## PHARMACY REGISTRATION FORM

Pharmacy Name :

Pharmacist First Name :

Last Name :

Mobile Number :

Email ID :

Age :

Pharmacy address - Shop No :

Street name :

Locality :

City :

District :

State :

Pincode :

G. Anjali

Signature of the Pharmacist.

Date :

- (20)
- She worked as P.P. in M/s. Raghavendra Hosi & Con. Stores,  
D.No.: 8-5-99, Mallikarjuna Colony, old Bowtellipet,  
R.R. Dist from 2002 to 28-01-2013.
  - She resigned & relieved w.e.f 28/01/13.
  - The firm has applied for ch.w.p.

His / Her Name Includes as Pharmacist in the  
Lic. No. 165/RR-1/DP/2012  
of M/s. ~~Hesters~~ Pharmacy m/s Hesters Medico. Ltd.

~~Chintal, Guttibudurpura (M) R.R. Dist, w.e.f. 18-3-2013~~

22  
Supdt/7/bt/13

T. Naga Narayana Rao  
Asst. Director-I  
Range Reddy District

D/G-20

Area  
04/3/13  
**M. SRINIVASULU**  
DRUGS INSPECTOR  
MALKAJIGIRI ZONE  
R.R. DIST.