**UNDERTAKING – I**

I, Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby execute the following terms and conditions: -

1. That, I shall appoint Mr./ Miss/ Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the **Registered Pharmacist** / **Competent Person** as the full time in charge in my proposed Firm.
2. That, in case the appointed In-charge resigns, I do hereby undertake that I shall intimate such resignation to the Licensing Authority immediately.
3. That I shall fill up the vacancy so created by another Registered Pharmacist/ competent Person, within a period of **1(one) month** from the date of such resignation.
4. That, in the event where necessary replacement cannot be made as undertook at sl.no. 3 above, I shall comply to the directions issued by the Licensing Authority without any delay.
5. I undertake that I shall inform the Licensing Authority of any additional authorization from the manufacturer (s) along with the product list(s) at the earliest (FOR WHOLESALES ONLY).
6. That I shall abide by the Rules and Regulations specified in the Drugs and Cosmetic Act 1940 and Rules 1945, the Pharmacy Act 1948 and other related Acts as applicable.

**I have submitted this undertaking towards fulfillment statutory requirements of the Drugs & Cosmetics Act and Rules framed thereunder**.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNDERTAKING – II**

I Mr./Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_,the Competent Person / Registered Pharmacist of M/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am however to undertake the following terms and conditions :-

1. That I do hereby undertake that I shall render my service as a full timer with the said firm.
2. **That I agreed to serve in the above firm without assigning any reason thereof, for a minimum period of 1(one) year with effect from the date that will appear in the License and to renew before the 31st December every year**.
3. That if, after one year of my service, I desire to resign from the said firm, I shall tender my resignation giving at least three months time to the proprietor of the firm with a copy to the Licensing Authority.
4. That I am also declaring the following information along with supporting documents:-

a). Qualification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b). Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c). Registration No. and Validity

(Meghalaya Pharmacy Council)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) Details of work experience :

1. Name of the firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of joining \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date of leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Nature of work done \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certified that the above declaration is true to the best of my knowledge; In case of any false statement being found as stated above, I am liable to any action Government deem fit and proper.

Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date.\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff List**

List of Staffs of M/s.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Located at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Lic No. & Validity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Sl.No | Name of Staff | Place of Birth | Date of Birth | Academic Qualification | Date of Joining | Designation | Stamp size photograph | Specimen signature | For office use only |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |

Certified that the above particulars are true. If any statement made thereof is found to be false, I shall liable to any action as deem fit and proper by the Govt. Further I/We undertake to intimate whenever there is any change in the composition of my/our staff, immediately within one month.