


SELF DECLARATION

I **Udai Pal Singh** s/o **Shri Narendra Singh** aged **24 y 10 m 11 d** resident of **21, Bhomiyo Ka Ravale, Bagawas, Pali, Pali, Rajasthan, 306401** do solemnly affirm on oath that:

1. My date of birth is **12/12/1996**.
2. I have passed Secondary School Examination as a student of **Shri. Kheteshwar V M Sr. Sec. School, Banad Road, Nandri, Jodhpur, Rajasthan** from a Board approved by government **Board of Secondary Education, Rajasthan, Ajmer** in the year **2011** with Roll No. **0550896**.
3. I have passed Senior Secondary School (10+2) Examination as a student of **Vardhaman Mahaveer Open University, Kota, Kota, Rajasthan** from a Board approved by government **Rajasthan State Open School, Kota** in the year **2017** with Roll No. **164141070003**.
4. I have passed **D. Pharm** as a student of **Lords International College of Pharmacy, Alwar, Rajasthan** from Board / University **Lords University, Alwar, Rajasthan**, in the year **2020** with enrollment No. **Lu/Dph/2018/006** and have undergone practical training of minimum 500 hours at **Jai Shakti Maa Medical And General Store, Near, B.R. Birla School, Naya Goan, Pali, Rajasthan** from **28/09/2020** to **28/12/2020** where I underwent training for 8 hours daily.
5. I am neither employed nor carrying on any business or profession of pharmacy anywhere as on date.
6. Presently, I am residing at the following address: **21, Bhomiyo Ka Ravale, Bagawas, Pali, Pali, Rajasthan, 306401**.
7. I have not been registered as a pharmacist with any state pharmacy council till date.
8. I have not applied for registration with Rajasthan Pharmacy Council earlier.
9. If any of the information/ documents submitted by me are ever found to be incorrect and if ever it is found that I have suppressed any material or facts or made any misrepresentation, my registration be cancelled forthwith and legal action be taken as per the Act.
10. I undertake to inform the Registrar, Rajasthan Pharmacy Council my professional address immediately after taking up employment (as a registered pharmacist/competent person on any drug license or any other employment) and also promise to inform every change in my professional address/employment.

Place...**Pali**...

Date : **23/10/2021**


Deponent

(Signature of applicant)

Verification

I **Udai Pal Singh** s/o **Shri Narendra Singh** aged **24 y 10 m 11 d** resident of **21, Bhomiyo Ka Ravale, Bagawas, Pali, Pali, Rajasthan, 306401** do solemnly affirm on oath that the contents of above from para 1 to 10 are true to the best of my knowledge and nothing has been concealed.

Place...**Pali**...

Date : **23/10/2021**


Deponent

(Signature of applicant)