

**FORM OF UNDERTAKING TO BE SUBMITTED BY REGISTERED PHARMACIST /
COMPETENT PERSON AT THE TIME OF EMPLOYMENT**

UNDERTAKING

I Mr/Mrs/Ms..... son /
Daughter / wife of.....
resident of

.....
hereby solemnly declare that I have passed my B.Pharm / D.Pharm / M. Pharm
Matriculation In the yearand I am registered as Pharmacist with
State Pharmacy Council of Goa- bearing registration no..... dated
valid up to I have joined the post of Registered Pharmacist
with M/s.....
at
with effect from

Before Joining the said firm I was working as Registered Pharmacist with
M/s.....
at
..... I have resigned from the said post and relieved w.e.f.
..... My resignation and relieving letter is attached herewith.

I hereby further solemnly affirm that I am a whole time employee of
M/s.....
And i am not engaged or employed in any business or profession of my nature
and i understand that If any information, given here above is found false or incorrect, I
Will be liable for appropriate action under the provisions of
Pharmacy Act, 1948, and the Drugs and Cosmetics Act 1940 and Rules made
thereunder.

The above information is true to the best of my knowledge and belief.

Date: -

Signature:
Name
Designation of Signatory