



राजस्थान RAJASTHAN

AR 941671
Appendix-I

a) **Format of affidavit to be submitted by the institutions applying for D.Pharm**

1- I, Chandraveer Singh Chouhan (Name of the Person) am the Secretary, Manav Dharm Viklang Seva Santha, Tonk (Designation), Pannadhay College of Pharmacy, Tonk (Name of Institution), Pannadhay Marg, Near Sheetal Hotel, NH-12, Tonk (complete postal address).

2- The above college has applied for following new course to PCI for 2019-20 academic session.

- a) D.Pharm (✓)
- b) Pharm.D (X)
- c) M.Pharm (X)
- d) B.Pharm (Practice) (X)

Please tick (✓) the relevant and cross (x) which is not applicable.

3- I hereby undertake that -

a) The institution will without fail obtain and submit consent of affiliation of the Examining Authority for starting of the above course applied for to the PCI before making admissions.

In case the institution fails to submit the consent of affiliation of Examining Authority for starting of the above course before making admissions and comply with the prescribed norms, I understand that the approval of the PCI, if granted, shall be deemed to be withdrawn.

[Signature]
Deponent

I, the deponent above named, do hereby verify that I have read and understood the contents of the above affidavit signed by me. I state that the facts stated in the above affidavit are true correct to the best of my knowledge.

[Signature]
Deponent

Date: 15/03/09

Place: Tonk

Solemnly affirmed before me

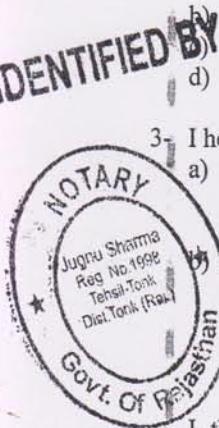
by who has been identified

by who is known to me

Signed & Sworn Before me

VERIFIED

NOTARY PUBLIC



राजस्थान RAJASTHAN

AR 941672
Appendix-II

b) **Format of affidavit to be submitted by the institutions applying for D.Pharm**

1- I, Chandraveer Singh Chouhan (Name of the Person) am the Secretary, Manav Dharm Viklang Seva Santha, Tonk (Designation), Pannadhay College of Pharmacy, Tonk (Name of Institution), Pannadhay Marg, Near Sheetal Hotel, NH-12, Tonk (complete postal address).

1- The above college has applied for D.Pharm course to PCI for 2019-20 academic session.

2- I hereby undertake that -

a) The institution will without fail obtain and submit the following document to the PCI before making admissions.

- i) Consent of the affiliation of the Examining Authority for starting of the D.Pharm course.
- ii) NOC/approval of the state Govt. for starting of the D.Pharm course

That in case the institution fails to submit the consent above documents before making admissions and comply with the prescribed norms. I understand that the approval of the PCI, if granted, shall be deemed to be withdrawn.

[Signature]
Deponent

I, the deponent above named, do hereby verify that I have read and understood the contents of the above affidavit signed by me. I state that the facts stated in the above affidavit are true correct to the best of my knowledge.

[Signature]
Deponent

Date: 15/03/09

Place: Tonk

Solemnly affirmed before me

by who has been identified

by who is known to me

Signed & Sworn Before me

VERIFIED

NOTARY PUBLIC

Dist Tonk (RAJ.)

