

AFFIDAVIT OF PROPRIETOR

I _____ (Prop) S/O, D/O, W/O _____

Bearing CNIC# _____ Caste: _____

Resident of _____

Being the proprietor of _____

Located at _____

Solemnly declare that, I have no pending criminal case under trial before any court of law.

I have employed Mr. _____ S/D/W/o _____ Reg No. _____ as qualified whose registration is genuine as per my knowledge.

I have neither been imprisoned nor been convicted for any offence.

I am not working in any Government/ semi government/ autonomous organization.

My Pharmacy/ Medical Store/ Distribution setup is not blacklisted by any Government/ semi government/ autonomous organization.

I shall comply with the provision of Drug Act 1976 and DRAP Act 2012 and rules framed there under.

I shall inform the Licensing Authority for any change in Supervisory staff, etc.

I shall not sell/stock any expired, Spurious, Substandard, Unregistered Misbranded, Counterfeit or any drugs in violation to the Drug laws in force.

I understand that any misrepresentation as to the truth of the foregoing shall cause the disapproval of my application and/or outright revocation of the eligibility granted without prejudice to the filing of administrative and/or criminal case/s against me.

Signature over full printed name of applicant

VERIFICATION

I on solemn affirmation and oath state that aforementioned facts are correct to the best of my knowledge and nothing is false or concealed the contents being true I swear this affidavit.

Deponent name

AFFIDAVIT OF QUALIFIED PERSON

I _____ S/O, D/O, W/O _____

Bearing CNIC# _____ Caste: _____

Resident of _____

Being the qualified person of _____

Located at _____

Solemnly declare that, I have no pending criminal case under trial before any court of law.

I have neither been imprisoned nor been convicted for any offence.

I will personally supervise the sale of drugs.

I am not working in any Government/ semi government/ autonomous organization and private organization

I shall comply with the provision of Drug Act 1976 and DRAP Act 2012 and rules framed there under.

I shall inform the Licensing Authority for any change in Supervisory staff, etc.

I shall not sell/stock any expired, Spurious, Substandard, Unregistered Misbranded, Counterfeit or any drugs in violation to the Drug laws in force.

I understand that any misrepresentation as to the truth of the foregoing shall cause the disapproval of my application and/or outright revocation of the eligibility granted without prejudice to the filing of administrative and/or criminal case/s against me.

Signature over full printed name of applicant

VERIFICATION

I on solemn affirmation and oath state that aforementioned facts are correct to the best of my knowledge and nothing is false or concealed. The contents being true I swear this affidavit.

Deponent name