Appendix-I

| | (On One Hundred Rupees India Non Judicial Stamp Paper) | | |
|---|---|--|--|
| (Name of the Person) | am the of (Position / Designation) | | |
| (Name of institution with com | plete postal address) | | |
| e above college has applied for fol 8-2019 academic session. | | | |
| D.Pharm () Pharm.D () M.Pharm () B.Pharm (Practice) () | | | |
| use tick (\checkmark) the relevant and cross (x) |) which is not applicable. | | |
| reby undertake that - | | | |
| the institution will without fail obtain of the Examining Authority for start for to the PCI before making admissi | ing of the above course(s) applied | | |
| n case the institution fails to sub Examining Authority for starting of a admissions and comply with the pro- he approval of the PCI, if granted, sh | omit the consent of affiliation of the above course(s) before making escribed norms. Lunderstand that | | |
| | Deponent | | |
| ove named, do hereby verify that ve affidavit signed by me. I state decorrect to the best of my knowledge | that the feets stated: 11 | | |
| | Deponent | | |
| | (Name of institution with come above college has applied for for 8-2019 academic session. D.Pharm () Pharm.D () M.Pharm () B.Pharm (Practice) () ase tick (✓) the relevant and cross (xoreby undertake that - the institution will without fail obtain of the Examining Authority for start for to the PCI before making admission case the institution fails to subsequently and comply with the problem of the approval of the PCI, if granted, show affidavit signed by me. I state the correct to the best of my knowledger. | | |

Appendix-II

| | (On One Hundred Rupees India Non Judicial Stamp Paper) | | |
|--|---|--|--|
| 1. | I,an (Name of the Person) | n the of (Position / Designation) | |
| | (Name of institution with complete po | stal address) | |
| 2. | The above college has applied for B.Pharm cou academic session. | | |
| 3. | I hereby undertake that - | | |
| | a) the institution will without fail obtain a documents to the PCI before making admissi i) consent of the affiliation of the Examining the B.Pharm course. ii) NOC / approval of the State Govt. for course. b) that in case the institution fails to submit the making admissions and comply with the understand that the approval of the PCI if gibe withdrawn. | e above documents before | |
| the depone entents of the fidavit are tr | ent above named, do hereby verify that I have the above affidavit signed by me. I state that force and correct to the best of my knowledge. | Deponent read and understood the facts stated in the above | |
| | | Deponent | |

NOTARY