

**Format of affidavit to be submitted by an institutions for  
new user ID and password**

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I \_\_\_\_\_ (Applicant Name), residing at  
\_\_\_\_\_ (Complete Address) do solemnly affirm  
and stated as under:

1. I am the Chairman of the management of the trust which is running the institute namely \_\_\_\_\_ at \_\_\_\_\_ (address of institute) and competent to swear in the present affidavit on behalf of the institute.
2. That I have lost the user ID / Password provided by the Pharmacy Council for applying on their portal and have no accesses to the same now.
3. That since I have no accesses to the user ID / Password, I have requested Pharmacy Council of India to provide me with the new user ID / Password for the purpose of applying on the portal and also deactivate my earlier user ID / Password provided to me.
4. That I do hereby covenant with the Pharmacy Council of India against all actions, suits, proceedings, and demands whatsoever for or on account of the said change in user ID / Password or any part thereof or otherwise in connection with the same, and from and against all costs, claims, actions, demands, risks, charges, expenses, damages and losses arising in any manner howsoever.
5. That I solemnly state that PCI will not be held responsible and neither will be made party to any proceedings before the court of law in connection to the change in user ID / Password or with regard to ownership of institution or any dispute thereof.
6. I solemnly state that the contents of this affidavit are true to the best of my knowledge and belief and that it conceals nothing and that no part of it is false.

**VERIFICATION:-**

I, \_\_\_\_\_, s/o \_\_\_\_\_,  
aged \_\_\_\_\_ years, Occupation \_\_\_\_\_  
r/o \_\_\_\_\_ (complete address),  
Chairman of the trust running above mentioned pharmacy college do hereby verify and declare  
that the contents in the above mentioned paragraphs are true and correct and I have not  
suppressed any material facts.

Hence, verified on this day \_\_\_\_\_ of \_\_\_\_\_, 2021 at \_\_\_\_\_.

**Signature of Chairman of Management of the Trust**