Annex. ‘N-3’

Performa of affidavit to be submitted by Registered Nurse

I, ------------------ S/o ; W/o ; D/o Shri ------------------, Age ---------, Caste ------------, Resident of -------------------------------------------------------- declare solemnly on oath as under:-

1) That I have following qualification:-

 S. No. Qualification University

2) That I have following experience:-

|  |  |  |
| --- | --- | --- |
| S. No | Name and address of the institution | Period of working with dates |

3) That I have already been approved by Licensing Authority --------------- as Competent Technical staff for Operation of Blood Bank vide letter No. -------- Dated -------- on the license of Blood Bank issued to ----------------------------- bearing License No. -----granted on ----

4) That I am Registered with Nursing Council of Rajasthan at No. ------------- on --------- .

5) That I have joined ------------------------- (Complete Address of Blood Bank) --------------------- on --------------- and will inform the Licensing Authority & Drugs Controller, Rajasthan, Jaipur as soon as I resign from this institution.

6) That I was working previously with ------------------------- (Complete Address of Blood Bank) --------------------- up to -------- and have informed the Licensing Authority ----------------------- on regarding my resignation from this institution.

7) That I will be responsible for the manufacturing activities of the institution for the purpose of Section 34 of the said Act as well as other prevailing enactments established by Law of Government of India

Witness No. 1 --------------------- Witness No. 2 ---------------------

(Signature, Name and Address) (Signature, Name and Address)

 (DEPONENT)

VERIFICATION

I, ----------------------------- verify that the contents of para 1 to 7 of this affidavit are true to the best of my knowledge and belief. So GOD help me.

Date ------------------

Place ---------------------

 (DEPONENT)

 Name