Performa of affidavit Power of Attorney to be executed by Partners/ Managing Director

I, ------------------ S/o ; W/o ; D/o Shri ------------------, Age ---------, caste ------------, Resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declare solemnly on oath as under:-

1) That I am Partner/Managing Director of M/s -------------------------, (Complete Address of manufacturing site) --------------------- by whom an application for grant of manufacturing licenses for manufacturing cosmetics has been made to the Drugs Controller, Rajasthan under the provision of Drugs & Cosmetics Act, 1940 and Cosmetics Rules, 2020.

2) That Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_, Resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is authorized to sign and submit documents on behalf of the firm to the Licensing Authority and Drugs controller, Rajasthan.

3) That the signatures of Shri ---------------- are hereby attested as under:

Signatures of Shri ----------------

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

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

(DEPONENT)

 Name

VERIFICATION

I, ----------------------------- verify that the contents of para 1 to 3 of this affidavit are true to the best of my knowledge and belief. So GOD help me.

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

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

(DEPONENT)