

UNDERTAKING
for UCMPMD Portal
(<https://ucmpmp.pharma-dept.gov.in>)

1. I declare that I, s/o, w/o, D/o
..... Age:.....
am working as Managing Director / Director / CEO / COO / Company Secretary / Proprietor /
Partner (select whichever is applicable)
of M/s.....
having registered office at
..... (complete address).
My contact details are landline.....,
e-mail ID:.....
2. I undertake that I am representing the firm
M/s.....
and this undertaking is for registering on <https://ucmpmp.pharma-dept.gov.in> .
3. I am authorised by the competent authority of the above said firm to delegate this power of
attorney.
4. I have read the terms, conditions and privacy policy of the portal <https://ucmpmp.pharma-dept.gov.in> and agree to them.
5. I authorise Sri/Smt..... s/o,w/o,D/o
....., Age.....
working in the firm mentioned at Sr. No. 2 above as
(designation) to register on the portal <https://ucmpmp.pharma-dept.gov.in> .
6. I undertake that the firm mentioned at Sr. No. 2 will be held responsible for all the acts and deeds
performed on <https://ucmpmp.pharma-dept.gov.in> subsequent to the registration.
7. I undertake that the login password will be kept confidential and will be held responsible for
sharing with unauthorised persons.
8. The information submitted above is true and correct and no part of it is false and nothing
misleading has been stated.
9. I declare that no other person has been authorised by the firm mentioned at Sr. No. 2 above, to
register on the portal.

Sign

Date:

Place:

Name:

Designation:

Firm's Name:

Seal: