

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM



From Teacher's Name :- **Mr. PATIL AVINASH MANOHAR**
(as on University Degree certificate)

Recent Passport size photo of the Employee
Signed by Dean/Principal of the College.

Date of Birth & Age ...30/01/1993 & 29 Years

| Qualification | College & University | Year | Registration No. with State Pharmacy Council | Name of the State Pharmacy Council |
|----------------------|---|-------------|---|---|
| B.Pharmacy | H.R. Patel College of Pharmacy Shirpur, Dhule | 2014 | 170352 | Maharashtra state pharmacy council |

Copies of Registration Certificate and University degree/PG/Ph.D. be attached.

Present Designation : Lecturer

Department : D. Pharmacy

College : Shatabdi Institute of Pharmacy, Nandurbar

City : Samsheerpur, Dist: Nandurbar

Nature of appointment: **Permanent**/Temporary/Adhoc/Honorary/Part-time

Whether belongs to : Open./SC/ST/OBC/Ex-service/Others

Permanent Residential

AT Post Nandurbar Tal.Dist, Nandurbar, Maharashtra

Mob.No : 7990356962

E-mail address: patil.avinash300@gmail.com

Date of joining present institution : 01/08/2023 as **Lecturer**
(Designation)

Details of the previous appointments/teaching experience

| Position | Name of Institution | From | To | Total Experience in years |
|-----------------|----------------------------|-----------------|-----------------|----------------------------------|
| Q A Officer | Flamingo | Jan.2015 | May 2020 | 4.5 Years |

| | | | | |
|----------|--|--------------------------|----------------------|------------------|
| | Pharmaceuticals Ltd.Taloja | | | |
| Lecturer | Gangamai college of Pharmacy Nagaon,Dhule | Jan 2022 | JULY 2023 | 1.7 Years |
| Lecturer | SPBS, Shatabdi Institute of Pharmacy, Nandurbar | <u>01/08/2023</u> | Till Date | _____ |

I am not working in any other Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy/Govt. Service/any other service in the State or outside the State in any capacity full-time/part-time other than the above.

3) I have drawn total emoluments from this college as under:-

| | Amount Received | TDS |
|-----------------|------------------------|------------|
| April, 2022 | 0 | NILL |
| May, 2022 | 0 | NILL |
| June, 2022 | 0 | NILL |
| July, 2022 | 0 | NILL |
| August, 2022 | 0 | NILL |
| September, 2022 | 0 | NILL |
| October, 2022 | 0 | NILL |
| November, 2022 | 0 | NILL |
| December, 2022 | 0 | NILL |
| January, 2023 | 0 | NILL |
| February, 2023 | 0 | NILL |
| March, 2023 | 0 | NILL |

(Copy of my form 16 (TDS certificate) for financial year 2022-2023 is attached)

P.A.N. : CPUPP8567A

Circle : Nashik

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year.
2. It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).

Signature of the Employee:

Date : / /2023

Place: Samsherpur, Nandurbar

Endorsement

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Principal in respect of Teaching Staff

Countersigned by the Director/Dean/

Date :

Place :