

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name:- Miss.Pooja Bhikanrao Patil.
(as on University Degree certificate)



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

Date of Birth & Age ...10/02/1995 & 28 Years

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	SES.Nanasaheb R.G .Patil Institute of pharmacy, jalgaon.	2017	248777	Maharashtra state pharmacy council

Copies of Registration Certificate and University degree. be attached.

Present Designation : Lecturer

Department :

College : Shatabdi Institute of Pharmacy, Nandurbar

City : Samsherpur, Dist

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

Whether belongs to : O.G./SC/ST/**OBC**/Ex-service/Others

Permanent Residential

Address:-. Plot no 2, Shrihari nager Ganeshcolony ,Jalgaon.

Copy of Passport/Voter Card/Ration Card/PAN No./Electricity Bill/Driving License Attached as a proof of residence.

STD Code-425001

Phone No.

Phone & Fax Number
with Code

Office : -256854

Residence :8380095015

E-mail address: poojapatil6040@gmail.com

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

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
	Industrial Training	01/06/2018	01/06/2021	3 Years.
Lecturer	S.E.S Nanasaheb R.G.Patil institute of pharmacy,Mamurabad	01/12/2021	05/01/2023	1 year 1 month
Principal	SPBS, Shatabdi Institute of Pharmacy, Nandurbar	6/01 /2023	Till date	

- 1) Before joining present institution, I was working at Lecturer as and relieved on 05 January 2023 after resigning/retiring (**relieving order is enclosed from the previous institution**).
- 2) 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	Nil
May, 2022	0	Nil
June, 2022	0	Nil
July, 2022	0	Nil
August, 2022	0	Nil
September, 2022	0	Nil
October, 2022	0	Nil
November, 2022	0	Nil
December, 2022	0	Nil
January, 2023	0	Nil
February, 2023	0	Nil
March, 2023	0	Nil

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

P.A.N. : CIOPP8771M

Circle : Jalgoan

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.

Countersigned by the Director/Dean/
Principal in respect of Teaching Staff

Date :

Place :