

(104)

# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

Teacher's Name: ASHISH SUHASRAO MOGHE  
(as on University Degree Certificate)



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

Date of Birth & Age: 02/06/1980, 42 Years

Qualification	College & University	Year	Registration No. With State Pharmacy Council	Name of the State Pharmacy Council
B. Pharm	Vidyabhaali college of Pharmacy, Amravati Amravati Uni. Amravati	2001	62119. Maharashtra State Pharmacy Council.	Maharashtra State Pharmacy Council.
M. Pharm				
(Ph.D.) / Others				

Copies of Registration Certificate and University Degree / PG / Ph.D. be Attached.

Present Designation: Lecturer

Department: Pharmacy

College: Priyadarshini J.L. Chaturvedi College of Pharmacy  
Nagpur

City: Nagpur

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

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

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Permanent Residential Address of Employee: 102, Shri. Mahaganpati Apt., Siddheshwar Nagar, Nagpur 440034.

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

Phone & Fax Number: Office: - STD Code: 0712- Phone No: 2713535. With Code: Residence: 0712- E-mail address: - mogheashish80@gmail.com. Date of Joining Present Institution: - 15/11/2007 As Lecturer (Designation)

Details of the previous appointments / teaching experience

Table with 5 columns: Position, Name of Institution, From, To, Total Experience In Years. Row 1: Lecturer, Piyadashwari Yashodhara College of Pharmacy (DIP) Chandrapur, 15/09/2007, 05/11/2007, 03 Yrs.

- 4) Before joining present institution, I was working at P.Y.C.P. (DIP) Chandrapur as Lecturer and relieved on 05/11/2007 after resigning / retiring (relieving order is enclosed from the previous institution). 5) I, hereby undertake that I have not given my name as teaching faculty in any other Pharmacy institution for teaching any Pharmacy course and not working in anywhere other than this institution 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.

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

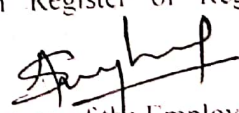
	Amount Received	TDS
April, 2020	31,744/-	500
May, 2020	31,744/-	500
June, 2020	31,744/-	500
July, 2020	31,744/-	500
August, 2020	31,744/-	500
September, 2020	31,744/-	500
October, 2020	31,744/-	500
November, 2020	31,744/-	500
December, 2020	31,744/-	500
January, 2021	35,712/-	500
February, 2021	35,712/-	500
March, 2021	35,712/-	500

(Copy of my Form 16 (TDS certificate) for financial year 2020-21 is attached)

P.A.N: - ALCPM 4157B Circle: \_\_\_\_\_

**Declaration**

- 7) I have not worked at any other pharmacy college / institution or presented myself at any inspection for the academic year 2020-21.
- 8) 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 there by rendering the undersigned liable for necessary disciplinary action (Including removal of his name from Register of Registered Pharmacists).

  
Signature of the Employee:

Date: -

Place: - Nagpur

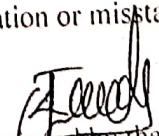
**Endorsement**

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.

Date: -

Place: -

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Countersigned by the Director / Dean  
Principal in respect of Teaching Staff  
**PRINCIPAL**  
P. J. L. Chaturvedi College of  
Pharmacy, 846, New Nandanvan,  
Nagpur - 440 009