

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name: JACOB KURIAN
(as on University Degree Certificate)



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

Date of Birth & Age: - 27-06-1971 (50 yrs 9 months)

Qualification	College & University	Year	Registration No. With State Pharmacy Council	Name of the State Pharmacy Council
B. Pharm	NAGPUR COLLEGE OF PHARMACY / RTMNU NAGPUR	1992	29 238	MAHARASHTRA STATE PHARMACY COUNCIL
M. Pharm	POONA COLLEGE OF PHARMACY, PUNE UNIVERSITY	1995		
(Ph.D.)/Others	DBM	1998		

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

Present Designation: - PRINCIPAL

Department :- DIPLOMA IN PHARMACY

College :- PRAYADARSHINI J-L CHATURVEDI COLLEGE OF PHARMACY

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: - 52/53 A GANDHI LAYOUT, JAFAR NAGAR,
near AMRAT LAWN, NAGPUR - 440013

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- 2596999
E-mail address: - jacobkev@rediffmail.com
Date of Joining Present Institution: - 01-10-2005 As PRINCIPAL
(Designation)

Details of the previous appointments / teaching experience

Position	Name of Institution	From	To	Total Experience In Years
Lecturer	M.I.P Gondia JLCCP Nagpur	15-07-1998 01-07-1999	30-06-1999 22-08-2003	01 year 49 days 53 days
Reader / Assistant Professor				
Professor				
Principal	P.Y.C.P, Chandrapur	23-08-2003	30-09-2005	2 years 10 39 days

- 4) Before joining present institution, I was working at P.Y.C.P Chandrapur as Principal and relieved on 30-09-2003 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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Have drawn total emoluments from this college as under -

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

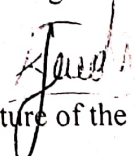
	Amount Received	TDS
April, 2020	74515	5000/- 00068
May, 2020	74515	5000/- 00236
June, 2020	74515	5000/- 00440
July, 2020	74515	5000/- 00186
August, 2020	74515	5000/- 00186
September, 2020	74515	5000/- 00373
October, 2020	74515	5000/- 00373
November, 2020	74515	5000/- 01288
December, 2020	74515	5000/- 01106
January, 2021	83829	5000/- 00622
February, 2021	83829	5000/- 54859
March, 2021	83829	-

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

P.A.N: - ... ~~AGXPK6663L~~ ... Circle: NAGPUR

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: - 04-04-2022 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: -

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