

# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

Teacher's Name: AJAY VASANT PATHAK  
(as on University Degree Certificate)



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

Date of Birth & Age: 04-01-1976 42 Yrs.

Qualification	College & University	Year	Registration No. With State Pharmacy Council	Name of the State Pharmacy Council
B. Pharm	IEPER, RTMNU Wardha Nagpur	1997	47173	Maharashtra State Pharmacy Council
M. Pharm	Dr. H.S.G. Vishwa- vidyalaya ; SAGAR Central university	2008		
(Ph.D.)/Others	SNIOP, Pusad SGBAU, Amravati	2017		

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

Present Designation: - LECTURER (S.G.)

Department :- PHARMACY

College :- PRIYADARSHINI 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

Permanent Residential Address of Employee: - HOUSE NO 33, RAVINDRA NAGAR...  
NEAR TELECOM NAGAR, NAGPUR - 440 022

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	Phone No.
With Code	Residence:	0712-	2713535
		0712-	2294496

E-mail address: - a.pathak4@gmail.com

Date of Joining Present Institution: - 01-07-1999 As Lecturer  
 (Designation)

Details of the previous appointments / teaching experience

Position	Name of Institution	From	To	Total Experience In Years
Lecturer	SLTIOP, Amgaon Dist. GONDIA	15/7/1997	31/3/1999	1 Yr. 10 months.
Reader / Assistant Professor				
Professor				
Principal				

- 4) Before joining present institution, I was working at SLTIOP, Amgaon Dist. Gondia as Lecturer....and relived on 31/3/1999....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.

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

	Amount Received	TDS
April, 2017	46336/-	1000/-
May, 2017	46336/-	1000/-
June, 2017	46336/-	1000/-
July, 2017	46336/-	1000/-
August, 2017	46336/-	1000/-
September, 2017	46336/-	1000/-
October, 2017	46336/-	1000/-
November, 2017	46336/-	1000/-
December, 2017	46336/-	1000/-
January, 2018	56872/-	1000/-
February, 2018	49150/-	1000/-
March, 2018	48910/-	1000/-

(Copy of my Form 16 (TDS certificate) for financial year 2017-18 is attached)

P.A.N:- AGAPPT326N..... Circle: \_\_\_\_\_

### Declaration

- 3) I have not worked at any other pharmacy college / institution or presented myself at any inspection for the academic year 2017-18.
- 4) 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).

5)



Signature of the Employee:

Date: 31-10-2018 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: - 18/02/19 Place: - Nagpur

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