

# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

Teacher's Name: ..... ASHISH B BELSARE .....  
(as on University Degree Certificate)



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

Date of Birth & Age: - ..... 26 AUGUST 1981 (one nine eight one) .....

Qualification	College & University	Year	Registration No. With State Pharmacy Council	Name of the State Pharmacy Council
B. Pharm	<u>RTM NAGPUR 'UNIVERSITY</u>	<u>2005</u>	<u>81843</u>	<u>Maharashtra State Pharmacy Council</u>
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 (Diphani) .....

City :- ..... Nagar .....

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: - ..1358, NEW NANDANVAN, NEAR WATER  
 ..TANK, NAGPUR.....

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

		STD Code	Phone No.
Phone & Fax Number	Office: -	0712-	2713535
With Code	Residence:	0712-	
E-mail address: - <u>belsareashish@rediffmail.com</u> .....			
Date of Joining Present Institution: - <u>03/11/2007</u> As <u>Lecturer</u> .....			
(Designation)			

Details of the previous appointments / teaching experience

Position	Name of Institution	From	To	Total Experience In Years
Lecturer	B.C.V.R.C'S INSTITUTE OF DIPLOMA IN PHARMACY, NAGPUR.	12/06/2006	30/11/2007	01 yrs. 5 months.
Reader / Assistant Professor				
Professor				
Principal				

- 4) Before joining present institution, I was working at B.C.V.R.C's Inst. of diploma in Pharmacy..... as Lecturer.....and relived on 30/11/2007 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.



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

	Amount Received <i>gross</i>	TDS
April, 2017	30964	500
May, 2017	30964	500
June, 2017	30964	500
July, 2017	30964	500
August, 2017	30964	500
September, 2017	30964	500
October, 2017	30964	500
November, 2017	30964	500
December, 2017	30964	500
January, 2018	30964	500
February, 2018	30964	500
March, 2018	30964	500

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

P.A.N:- AMVPB1553C..... 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)

*Abelore*

Signature of the Employee:

Date: - 29/11/18

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

*[Signature]*  
Countersigned by the Director / Dean  
Principal in respect of Teaching Staff  
**PRINCIPAL**

P. J. Chaturvedi College of  
Pharmacy, 846, New Nandanvan,  
Nagpur - 440 009