

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, 38 YEAR

Qualification	College & University	Year	Registration No. With State Pharmacy Council	Name of the State Pharmacy Council
B. Pharm	<u>V. B. C. P. AMRAVATI AMRAVATI UNIVER- SITY, AMRAVATI</u>	<u>2001</u>	<u>62119.</u>	<u>MAHARASHTRA</u>
M. Pharm	<u>—</u>	<u>—</u>	<u>MAHARASHTRA STATE PHARMACY COUNCIL</u>	<u>STATE PHARMACY COUNCIL</u>
(Ph.D.)/Others	<u>—</u>	<u>—</u>		

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.C./SC/ST/OBC/Ex-service/Others/Open

Permanent Residential Address of Employee: - Flat NO.102, Shree Mahaganapati Apprt.,
Siddheshwar Nagar, Near Kurupade Lawn,
Dighozi, Nagpur 440009.

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
E-mail address: - mogheashish@rediffmail.com
Date of Joining Present Institution: - 15/11/2007 As Lecturer

(Designation)

Details of the previous appointments / teaching experience

Position	Name of Institution	From	To	Total Experience In Years
Lecturer	P.Y.C.P. Chandrapur	15/09/2004	05/11/2007	03 Years
Reader / Assistant Professor	—	—	—	—
Professor	—	—	—	—
Principal	—	—	—	—

- 4) Before joining present institution, I was working at ... P.o. Y.C.P. 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.

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

	Amount Received	TDS
April, 2017	32,435/-	500/-
May, 2017	32,435/-	500/-
June, 2017	32,435/-	500/-
July, 2017	32,435/-	500/-
August, 2017	32,435/-	500/-
September, 2017	32,435/-	500/-
October, 2017	32,435/-	500/-
November, 2017	32,435/-	500/-
December, 2017	32,435/-	500/-
January, 2018	32,435/-	500/-
February, 2018	32,435/-	500/-
March, 2018	32,435/-	500/-


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

P.A.N:- ALCPM...A.15.7.B 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: -


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


P. J. Lalwade College of
Pharmacy, 848, New Nandanvan,
Nagpur - 440 009