

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 (48yrs 4months)

Qualification	College & University	Year	Registration No. With State Pharmacy Council	Name of the State Pharmacy Council
B. Pharm	<u>NAGPUR COLLEGE OF PHARMACY RITM N U, Nagpur</u>	<u>1992</u>	<u>29238</u>	<u>MAHARASHTRA STATE Pharmacy Council</u>
M. Pharm	<u>POONA COLLEGE OF PHARMACY PUNE</u>	<u>1995</u>		
(Ph.D.)/Others	<u>DBRU</u>	<u>1998</u>		

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

Present Designation: - PRINCIPAL

Department : - DIPLOMA IN PHARMACY

College : - PRINADASHUNI. A. 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

Permanent Residential Address of Employee: - Plot No 52/53 Gandhi Layout, JAFAR NAGAR
near Ammal Lawn, NAGPUR-440013

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

		STD Code	Phone No.
Phone & Fax Number	Office: -	<u>0712-</u>	<u>2713535</u>
With Code	Residence:	<u>0712-</u>	<u>2596999</u>

E-mail address: - jacobkw@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	<u>MIP Gandhi</u> <u>ALCCP Nagpur</u>	<u>July 98</u> <u>July 99</u>	<u>July 99</u> <u>August 2003</u>	<u>01 07/99</u> <u>04</u> } <u>05 yrs</u>
Reader / Assistant Professor				
Professor				
Principal	<u>PYCP Chandrapur</u> <u>PYLCCP Nagpur</u>	<u>August 2005</u> <u>Oct' 2005</u>	<u>Sept 2005</u> <u>till date</u>	<u>2 yrs</u> <u>13 yrs</u> } <u>15 yrs</u>

- 4) Before joining present institution, I was working at PYCP Chandrapur... as Principal...and relived on 30/09/05 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		5000/- 05/5/17 13047
May, 2017		5000/- 06/06/17 4799
June, 2017		- " 06/02/18 3225
July, 2017		- " 07/08/17 4987
August, 2017		- " 07/09/17 8302
September, 2017		- " 06/10/17 18639
October, 2017		- " 06/11/17 950
November, 2017		- " 06/12/17 1485
December, 2017		- " 06/11/18 746
January, 2018		- " 06/02/18 19446
February, 2018		- " 06/13/18 16752
March, 2018		0

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

P.A.N:- ABXP.K.663L Circle: Nagpur

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)

Date: - 19/10/18

Place: - Nagpur

Signature of the Employee:

P. J. L. CHATURVEDI

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