PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

| 400 | | | | | | | |
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Teacher's Name: Shweta Yashwantsaa Gailswad. (as on University Degree Certificate)

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

| Date of Birth & Ag | e - 06 July | 1992 2 | 6 years. |
|--------------------|--|--------|----------|
| | The state of the s | | |

| Qualification | College & University | Year | Registration No. With State Pharmacy Council | Name of the State Pharmacy Council |
|----------------|--|------|--|--|
| B. Pharm- | P.J.L.C.P. Hingra. R.T.M.N.U. Nogpus | 2015 | 137981 | maharashtra |
| M. Pharm | P.J.L.C.P. Hingra. R.T. M.N.U. Nogpus | 2017 | mahaxashtxa state phaxmacy | council. |
| (Ph.D.)/Others | | | councel. | |

| Copies of Regis Present Designa | stration Certificate and University Degree / PG / Ph.D. be Attached. |
|------------------------------------|--|
| Department | Pharmacy |
| College | Priyadaxshini J. L. Chabusadi college of Pharmacy (Dip |
| City | - Nagbax |

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: - Pl | of No. 69, 5 | obson, ifections | o, Near Janki |
|--|------------------|------------------|---------------|
| Copy of Passport / Voter of | | | - |
| Attached as a proof of res | idence. | | |
| | | STD Code | Phone No. |
| Phone & Fax Number | Office: - | <u>0712-</u> | 2713535 |
| With Code | Residence: | 0712- | |
| E-mail address: 5000 | aygaikwad@ | gmail com. | |
| Date of Joining Present Inst | itution: - 04/09 | 118 As. Lects | 1X6X |
| | | (Designa | tion) |

Details of the previous appointments / teaching experience

| Position | Name of Institution | From | То | Total Experience In Years |
|------------------------------------|---------------------|------|----|---------------------------------|
| Lecturer | | | | |
| Reader / Assistant Professor | Name of the second | | | |
| Professor | 1 | | | 70 |
| Principal | | | | |

- 4) Before joining present institution, I was working at MonACH. ROSOSHOLA. SOWORD as Quality. Control. and relived on 05/05/18. 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 / Hóspital 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: -

| 18 | Amount Received | TDS |
|----------------|-----------------|-----|
| April, 2017 | | |
| May, 2017 | | |
| June,2017 | | |
| July,2017 | 8702 | |
| August,2017 | | |
| September,2017 | | |
| October,2017 | | |
| November,2017 | | |
| December,2017 | | |
| January,2018 | | |
| February, 2018 | | |
| March, 2018 | | |

| (Copy of my from 16 (TDS certification) | ate) for financial year 2017-18 is attached) Circle: |
|---|---|
| P.A.N:BB.VPG16192.C | Circle: |

Declaration

- 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 dr misstatement.

Date: - 18/02/19 Place: - Norfords

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

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