

**Name of the College: Taywade Institute of Diploma in Pharmacy**

**Date of Inspection: \_\_\_\_\_**

**STAFF DECLARATION FORM 2019-2020**

1. (a) Name: **Mohd. Shoeb**

1. (b) Date of Birth & Age : **18/12/1987, 32 years**

1. (c) Recent Passport size photo of the Employee



Signed by Dean / Principal of the college

1. (d) Submit Photo ID proof issued by Govt. Authorities :

**Photo ID submitted: Driving License**

Number : MH31- 20100101885

Issued by R T O - N a g p u r

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1. (e) i. Present Designation: Assistant Professor

1. (e)(i)a Certified copies of present appointment order at present institute attached.

1. (e)ii. Department: Pharmacy

1. (e) iii. College: Taywade institute of diploma in pharmacy

1. (e) iv. City: Koradi, Nagpur

1. (e) v. Nature of appointment: Permanent

1. (e) vi. Whether belongs to : OBC

1. (f) Residential Address of employee : plot no 2, eros housing society, chindwada road Nagpur

1. (g) **Copy of Driving License Attached as a proof of residence.**

1. (h) Phone & Fax Number With Code: Office: \_\_\_\_\_

Residence: \_\_\_\_\_

E-mail address: Shoebmohd76@gmail.com

Mobile Number: 9021688205

1.(i) Date of joining present institution : \_\_\_\_01/06/2015 as Assistant Professor

1.(i) a Joining report at the present institute attached.

2. Qualifications:

Qualification	College & Univ.	Year	Registration No. with SPC	Name of the State Pharmacy Council
B.Pharm	Gurunanak college of pharmacy (RTMNU)	2010		
M.Pharm	Gurunanak college of pharmacy (RTMNU)	2013		
Ph.D.				

2. (a) **Copies of Degree certificates of UG and PG/and Ph.D. degree attached.**

2. (b) **Copies of valid State Pharmacy Council Registration Certificate to be attached.**

3. Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Lecturer	Pharmacy	Central India institute of pharmacy	19/10/10 And 01/12/13	30/04/11 And 30/04/15	1 year 11 months
Assistant					
Associate Professor					
Professor					

4. (a) Before joining present institution I was working at central India institute of pharmacy as assistant professor and relieved on 30/04/2015 after resigning / retiring  
**(Relieving order is enclosed from the previous institution).**

4.(b) I am not working anywhere else in the State or outside the State in any capacity full-time / part- time.

5. Number of Research publications in Journals during the last 3 (Three) academic years :

5.(a) International Journals: \_\_\_\_\_

5.(b) National Journals: \_\_\_\_\_

5.(c) State/Other Journals: \_\_\_\_\_

6. Number of Research Projects on hand: \_\_\_\_\_

7.(a) I am having PAN Card and my PAN No. is DGGPS9339H / I am not having PAN Card.

7.(b) I have drawn total emoluments from this college as under:-

	<b>Amount Received</b>	<b>TDS</b>
<b>April, 2019</b>	51872	3160
<b>May, 2019</b>	51872	3160
<b>June, 2019</b>	51872	3160
<b>July, 2019</b>	51872	3160
<b>August, 2019</b>	51872	3160
<b>September, 2019</b>	51872	3160
<b>October, 2019</b>	51872	3160
<b>November, 2019</b>	51872	3160
<b>December, 2019</b>	52532	2500
<b>January, 2020</b>	52532	2500
<b>February, 2020</b>	52532	2500
<b>March 2020</b>	NIL	NIL

7.(c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2019-2020 are attached)

#### Declaration

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from 01/06/2015 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. 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 thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Pharmacy Register).

Date:08/01/2020

Place:Nagpur

Signature of the Employee:

**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.

**I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.**

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: 08/01/2020

Place:

Countersigned by the  
Director/Dean/Principal

Remarks

<b>S.No</b>	<b>Documents</b>	<b>Submitted</b>
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	<b>Yes</b>
1.(d)	<b>Photo ID proof issued by Govt. Authorities : Driving Licence</b>	<b>Yes</b>
1.(e)(i)a	Certified copies of present appointment order at present institute.	<b>Yes</b>
1.(g)	<b>Copy of Driving License Attached as a proof of residence.</b>	<b>Yes</b>
1.(i)a	Joining report at the present institute.	<b>Yes</b>
2.	<b>Copies of Degree certificates B.Pharm./M.Pharm./Ph.D.</b>	<b>Yes</b>
3.	<b>Copy of experience certificate for all teaching appointments held before joining present institute.</b>	<b>Yes</b>
4.(a)	<b>Relieving order from the previous institution.</b>	<b>Yes</b>
7.(a)	<b>PAN Card</b>	<b>Yes</b>
7.(c)	<b>Form 16 (TDS certificate) for financial year 2019 -2020</b>	<b>Yes</b>

**Signed by the Teacher :**

**Countersigned by Dean / Principal.**

**Date : 08/01/2020**

**Date : 08/01/2020**

**Signed by the Inspector:**

**Date:**

**NOTE**

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.

Signature of the Head of the Institution

Signature of the Inspectors

**Name of the College: Taywade Institute Of Diploma In Pharmacy**

**Date of Inspection: \_\_\_\_\_**

**STAFF DECLARATION FORM 2019-2020**

1.(a) Name: **Mr. Vikrant. V. Chilate**

1.(b) Date of Birth & Age : **15/03/1987, 32 years**

1.(c) Recent Passport size photo of the Employee  
Signed by Dean / Principal of the college



1.(d) Submit Photo ID proof issued by Govt. Authorities :

**Photo ID submitted: PAN Card**

Number : AMZPC 6442 M

Issued by : Govt of India

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation: Principal

1.(e)(i)a Certified copies of present appointment order at present institute attached.

1.(e)ii. Department: Pharmacy

1.(e) iii. College: Taywade institute of diploma in pharmacy

1.(e) iv. City: Koradi, Nagpur

1.(e) v. Nature of appointment: Permanent

1.(e) vi. Whether belongs to : OBC

1.(f) Residential Address of employee : near chitins park jalalpura mahal, Nagpur

1.(g) **Copy of Driving License Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office: \_\_\_\_\_ Residence:  
\_\_\_\_\_

E-mail address: vikrantchilate15@gmail.com

Mobile Number: 9326558857

1.(i) Date of joining present institution : \_\_\_\_01/06/2016 as Principal

1.(i) a Joining report at the present institute attached.

2. Qualifications:

Qualification	College & Univ.	Year	Registration No. with SPC	Name of the State Pharmacy Council
B.Pharm	Sharad pawar college of pharmacy (RTMNU)	2009	92952	
M.Pharm	Kamla nehru college of pharmacy (RTMNU)	2012		
Ph.D.				

2.(a) Copies of Degree certificates of UG and PG/and Ph.D. degree attached.

2.(b) Copies of valid State Pharmacy Council Registration Certificate to be attached.

3. Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Lecturer	Pharmacy	Sachhidanand Institute of Diploma In Pharmacy	01/07/2009 And 01/04/2012	04/08/2010 And 31/05/2014	3 years 2 months
Lecturer	Pharmacy	Abdul Majeed Central Education Society, Institute of Diploma In Pharmacy	01/06/2014	01/05/2015	11 months
Assistant					
Associate Professor					
Professor					

4.(a) Before joining present institution I was working at Abdul Majeed central education society, institute of diploma in pharmacy as assistant professor and relieved on 01/05/2015 after resigning / retiring (Relieving order is enclosed from the previous institution).

4.(b) I am not working anywhere else in the State or outside the State in any capacity full-time / part-time.

5. Number of Research publications in Journals during the last 3 (Three) academic years :

5.(a) International Journals: One

5.(b) National Journals: Two

5.(c) State/Other Journals: -----

6. Number of Research Projects on hand: -----

7.(a) I am having PAN Card and my PAN No. is AMZPC 6442 M / I am not having PAN Card.

7.(b) I have drawn total emoluments from this college as under:-

	<b>Amount Received</b>	<b>TDS</b>
<b>April, 2019</b>	105943	22900
<b>May, 2019</b>	105943	22900
<b>June, 2019</b>	105943	22900
<b>July, 2019</b>	105943	22900
<b>August, 2019</b>	105943	22900
<b>September, 2019</b>	105943	22900
<b>October, 2019</b>	105943	22900
<b>November, 2019</b>	105943	22900
<b>December, 2019</b>	106958	21885
<b>January, 2020</b>	106958	21885
<b>February, 2020</b>	106958	21885
<b>March 2020</b>	NIL	NIL

7.(c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2019-2020 are attached)

#### Declaration

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from 01/06/2015 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. 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 thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Pharmacy Register).

Date:08/01/2020

Place:Nagpur

Signature of the Employee:

**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.

**I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.**

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: 08/01/2020

Place:

Countersigned by the Director/Dean/Principal

Remarks

<b>S.No</b>	<b>Documents</b>	<b>Submitted</b>
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	<b>Yes</b>
1.(d)	<b>Photo ID proof issued by Govt. Authorities : PAN card</b>	<b>Yes</b>
1.(e)(i)a	Certified copies of present appointment order at present institute.	<b>Yes</b>
1.(g)	<b>Copy of Driving License Attached as a proof of residence.</b>	<b>Yes</b>
1.(i)a	Joining report at the present institute.	<b>Yes</b>
2.	<b>Copies of Degree certificates B.Pharm./M.Pharm./Ph.D.</b>	<b>Yes</b>
3.	<b>Copy of experience certificate for all teaching appointments held before joining present institute.</b>	<b>Yes</b>
4.(a)	<b>Relieving order from the previous institution.</b>	<b>Yes</b>
7.(a)	<b>PAN Card</b>	<b>Yes</b>
7.(c)	<b>Form 16 (TDS certificate) for financial year 2019 -2020</b>	<b>Yes</b>

**Signed by the Teacher :**

**Countersigned by Dean / Principal.**

**Date : 08/01/2020**

**Date : 08/01/2020**

**Signed by the Inspector:**

**Date:**

**NOTE**

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.

Signature of the Head of the Institution

Signature of the Inspectors



**Name of the College: Taywade Institute Of Diploma In Pharmacy**

**Date of Inspection: \_\_\_\_\_**

**STAFF DECLARATION FORM 2019-2020**

1.(a) Name: **Ms. Minal S. Sonule**

1.(b) Date of Birth & Age : **22/10/1992, 27years**

1.(c) Recent Passport size photo of the Employee  
Signed by Dean / Principal of the college



1.(d) Submit Photo ID proof issued by Govt. Authorities :

**Photo ID submitted: PAN card**

Number : EGNPS4205N

Issued by : Govt of India

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation: Assistant Professor

1.(e)(i)a Certified copies of present appointment order at present institute attached.

1.(e)ii. Department: Pharmacy

1.(e) iii. College: Taywade institute of diploma in pharmacy

1.(e) iv. City: Koradi, Nagpur

1.(e) v. Nature of appointment: Adhoc

1.(e) vi. Whether belongs to : SC

1.(f) Residential Address of employee : PLOT no. 59, RMS colony near shabana banquet hall

1.(g) **Copy of Driving License Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office: \_\_\_\_\_ Residence:  
\_\_\_\_\_

E-mail address: minal.sonule1993@gmail.com

Mobile Number: 7756954957

1.(i) Date of joining present institution : \_\_\_\_01/09/2018 as Assistant Professor

1.(i) a Joining report at the present institute attached.

2. Qualifications:

Qualification	College & Univ.	Year	Registration No. with SPC	Name of the State Pharmacy Council
B.Pharm	Gurunanak College Of Pharmacy ( RTMNU)	2015	181734	Maharashtra state pharmacy council
M.Pharm	Gurunanak College Of Pharmacy ( RTMNU)	2017		
Ph.D.				

2.(a) Copies of Degree certificates of UG and PG/and Ph.D. degree attached.

2.(b) Copies of valid State Pharmacy Council Registration Certificate to be attached.

3. Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Lecturer					
Assistant					
Associate Professor					
Professor					

4.(a) Before joining present institution I was working at ----- and relieved on ----- after resigning / retiring (**Relieving order is enclosed from the previous institution**).

4.(b) I am not working anywhere else in the State or outside the State in any capacity full-time / part- time.

5. Number of Research publications in Journals during the last 3 (Three) academic years :

5.(a) International Journals: 0

5.(b) National Journals: 0

5.(c) State/Other Journals: 0

6. Number of Research Projects on hand: \_\_\_\_\_

7.(a) I am having PAN Card and my PAN No. is EGNPS4205N/ I am not having PAN Card.

Signature of the Head of the Institution

7.(b) I have drawn total emoluments from this college as under:-

Signature of the Inspectors

	<b>Amount Received</b>	<b>TDS</b>
<b>April, 2019</b>	51872	3160
<b>May, 2019</b>	51872	3160
<b>June, 2019</b>	51872	3160
<b>July, 2019</b>	51872	3160
<b>August, 2019</b>	51872	3160
<b>September, 2019</b>	51872	3160
<b>October, 2019</b>	51872	3160
<b>November, 2019</b>	51872	3160
<b>December, 2019</b>	52532	2500
<b>January, 2020</b>	52532	2500
<b>February, 2020</b>	52532	2500
<b>March 2020</b>	NIL	NIL

7 .(c ) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2019-2020 are attached)

#### Declaration

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from 01/09/2018 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. 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 thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Pharmacy Register).

Date:08/01/2020

Place:Nagpur

Signature of the Employee:

**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.

**I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.**

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: 08/01/2020

Place:

Countersigned by the Director/Dean/Principal

Remarks

<b>S.No</b>	<b>Documents</b>	<b>Submitted</b>
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	<b>Yes</b>
1.(d)	<b>Photo ID proof issued by Govt. Authorities : PAN card</b>	<b>Yes</b>
1.(e)(i)a	Certified copies of present appointment order at present institute.	<b>Yes</b>
1.(g)	<b>Copy of Voter card Attached as a proof of residence.</b>	<b>Yes</b>
1.(i)a	Joining report at the present institute.	<b>Yes</b>
2.	<b>Copies of Degree certificates B.Pharm./M.Pharm./Ph.D.</b>	<b>Yes</b>
3.	<b>Copy of experience certificate for all teaching appointments held before joining present institute.</b>	<b>NO</b>
4.(a)	<b>Relieving order from the previous institution.</b>	<b>NO</b>
7.(a)	<b>PAN Card</b>	<b>Yes</b>
7.(c)	<b>Form 16 (TDS certificate) for financial year 2019 -2020</b>	<b>Yes</b>

**Signed by the Teacher :**

**Countersigned by Dean / Principal.**

**Date : 08/01/2020**

**Date : 08/01/2020**

**Signed by the Inspector:**

**Date:**

**NOTE**

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.

Signature of the Head of the Institution

Signature of the Inspectors

**Name of the College: Taywade Institute Of Diploma In Pharmacy  
(Formerly Sachhidanand Institute Of Diploma In Pharmacy )**

**Date of Inspection: \_\_\_\_\_**

**STAFF DECLARATION FORM 2019-2020**



1.(a) Name: **Ms .Punam N. Dharpure**

1.(b) Date of Birth & Age : **10/05/1987, 32 years**

1.(c) Recent Passport size photo of the Employee  
Signed by Dean / Principal of the college

1.(d) Submit Photo ID proof issued by Govt. Authorities :

**Photo ID submitted: PAN card**

Number : BDGPD9300L Issued by Govt of India

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation: Assistant Professor

1.(e)(i)a Certified copies of present appointment order at present institute attached.

1.(e)ii. Department: Pharmacy

1.(e) iii. College: Taywade institute of diploma in pharmacy

1.(e) iv. City: Koradi, Nagpur

1.(e) v. Nature of appointment: Adhoc

1.(e) vi. Whether belongs to : OBC

1.(f) Residential Address of employee : PLOT NO. 44, Secular Housing Society Vaibhav nagar dabha Nagpur .

1.(g) **Copy of Driving License Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office: \_\_\_\_\_

Residence: \_\_\_\_\_

E-mail address: punam.dharpure @yahoo.com

Mobile Number: 9860636743

1.(i) Date of joining present institution : \_\_\_\_01/09/2019 as Assistant Professor

1.(i) a Joining report at the present institute attached.

2. Qualifications:

Qualification	College & Univ.	Year	Registration No. with SPC	Name of the State Pharmacy Council
B.Pharm	IPR wardha ( RTMNU)	2010	117475	Maharashtra state pharmacy council
M.Pharm	Gurunank College Of Pharmacy	2013		
Ph.D.				

2.(a) **Copies of Degree certificates of UG and PG/and Ph.D. degree attached.**

2.(b) **Copies of valid State Pharmacy Council Registration Certificate to be attached.**

3. Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Lecturer					
Assistant					
Associate Professor					
Professor					

4.(a) Before joining present institution I was working at ----- and relieved on ----- after resigning / retiring

**(Relieving order is enclosed from the previous institution).**

4.(b) I am not working anywhere else in the State or outside the State in any capacity full-time / part- time.

5. Number of Research publications in Journals during the last 3 (Three) academic years :

5.(a) International Journals: \_\_\_\_\_

5.(b) National Journals: \_\_\_\_\_

5.(c) State/Other Journals: \_\_\_\_\_

6. Number of Research Projects on hand: \_\_\_\_\_

7.(a) I am having PAN Card and my PAN No. is BDGPD9300L / I am not having PAN Card.

7.(b) I have drawn total emoluments from this college as under:-

	<b>Amount Received</b>	<b>TDS</b>
<b>April, 2019</b>	0	0
<b>May, 2019</b>	0	0
<b>June, 2019</b>	0	0
<b>July, 2019</b>	0	0
<b>August, 2019</b>	0	0
<b>September, 2019</b>	51872	3160
<b>October, 2019</b>	54352	680
<b>November, 2019</b>	54352	680
<b>December, 2019</b>	55032	0
<b>January, 2020</b>	55032	0
<b>February, 2020</b>	54932	0
<b>March 2020</b>	NIL	NIL

7.(c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2019-2020 are attached)

#### Declaration

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from 01/09/2019 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. 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 thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Pharmacy Register).

Date:08/01/2019

Place:Nagpur

Signature of the Employee:

**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.

**I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.**

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.

**Remarks**

Date: 08/01/2019

Place:

Countersigned by the  
Director/Dean/Principal

<b>S.No</b>	<b>Documents</b>	<b>Submitted</b>
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	<b>Yes</b>
1.(d)	<b>Photo ID proof issued by Govt. Authorities : PAN card</b>	<b>Yes</b>
1.(e)(i)a	Certified copies of present appointment order at present institute.	<b>Yes</b>
1.(g)	<b>Copy of Electricity bill Attached as a proof of residence.</b>	<b>Yes</b>
1.(i)a	Joining report at the present institute.	<b>Yes</b>
2.	<b>Copies of Degree certificates B.Pharm</b>	<b>Yes</b>
3.	<b>Copy of experience certificate for all teaching appointments held before joining present institute.</b>	<b>NA</b>
4.(a)	<b>Relieving order from the previous institution.</b>	<b>NA</b>
7.(a)	<b>PAN Card</b>	<b>Yes</b>
7.(c)	<b>Form 16 (TDS certificate) for financial year 2019 -2020</b>	<b>NO</b>

**Signed by the Teacher :**

**Countersigned by Dean / Principal.**

**Date : 08/01/20120**

**Date : 08/01/2020**

**Signed by the Inspector:**

**Date:**

**NOTE**

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.

Signature of the Head of the Institution

Signature of the Inspectors



**Name of the College: Taywade Institute Of Diploma In Pharmacy  
(Formerly Sachhidanand Institute Of Diploma In Pharmacy)**

**Date of Inspection: \_\_\_\_\_**

**STAFF DECLARATION FORM 2019-2020**

1.(a) Name: **Ms Priya D. Thakre**

1.(b) Date of Birth & Age : **05/01/1991, 28years**

1.(c) Recent Passport size photo of the Employee  
Signed by Dean / Principal of the college



1.(d) Submit Photo ID proof issued by Govt. Authorities :

**Photo ID submitted: PAN card**

Number : ATSP9527C Issued by Govt of India

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation: Assistant Professor

1.(e)(i)a Certified copies of present appointment order at present institute attached.

1.(e)ii. Department: Pharmacy

1.(e) iii. College: Taywade institute of diploma in pharmacy

1.(e) iv. City: Koradi, Nagpur

1.(e) v. Nature of appointment: Adhoc

1.(e) vi. Whether belongs to : OBC

1.(f) Residential Address of employee : At post dahegaon (rangari), behind samrup kirana store, tah, saoner, dist Nagpur

1.(g) **Copy of Driving License Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office: \_\_\_\_\_

Residence: \_\_\_\_\_

E-mail address: priya.thakre13@gmail.com

Mobile Number: 9168730310

1.(i) Date of joining present institution : \_\_\_\_01/08/2013 as Assistant Professor

1.(i) a Joining report at the present institute attached.

2. Qualifications:

Qualification	College & Univ.	Year	Registration No. with SPC	Name of the State Pharmacy Council
B.Pharm	Sharad pawar college of pharmacy ( RTMNU)	2013	152138	Maharashtra state pharmacy council
M.Pharm				
Ph.D.				

- 2.(a) **Copies of Degree certificates of UG and PG/and Ph.D. degree attached.**  
2.(b) **Copies of valid State Pharmacy Council Registration Certificate to be attached.**

3. Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Lecturer					
Assistant					
Associate Professor					
Professor					

4.(a) Before joining present institution I was working at ----- and relieved on ----- after resigning / retiring **(Relieving order is enclosed from the previous institution).**

4.(b) I am not working anywhere else in the State or outside the State in any capacity full-time / part- time.

5. Number of Research publications in Journals during the last 3 (Three) academic years :

5.(a) International Journals: \_\_\_\_\_

5.(b) National Journals: \_\_\_\_\_

5.(c) State/Other Journals: \_\_\_\_\_

6. Number of Research Projects on hand: \_\_\_\_\_

7.(a) I am having PAN Card and my PAN No. is ATSP9527C / I am not having PAN Card.

7.(b) I have drawn total emoluments from this college as under:-

	<b>Amount Received</b>	<b>TDS</b>
<b>April, 2019</b>	51872	3160
<b>May, 2019</b>	51872	3160
<b>June, 2019</b>	51872	3160
<b>July, 2019</b>	51872	3160
<b>August, 2019</b>	51872	3160
<b>September, 2019</b>	51872	3160
<b>October, 2019</b>	51872	3160
<b>November, 2019</b>	51872	3160
<b>December, 2019</b>	52532	2500
<b>January, 2020</b>	52532	2500
<b>February, 2020</b>	52532	2500
<b>March 2020</b>	NIL	NIL

7.(c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2019-2020 are attached)

**Declaration**

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from 01/08/2013 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. 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 thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Pharmacy Register).

Date:08/01/2020

Place: Nagpur

Signature of the Employee:

**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.

**I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.**

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: 08/01/2020

Place:

Countersigned by the Director/Dean/Principal

Remarks

<b>S.No</b>	<b>Documents</b>	<b>Submitted</b>
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	<b>Yes</b>
1.(d)	<b>Photo ID proof issued by Govt. Authorities : PAN card</b>	<b>Yes</b>
1.(e)(i)a	Certified copies of present appointment order at present institute.	<b>Yes</b>
1.(g)	<b>Copy of Electricity bill Attached as a proof of residence.</b>	<b>Yes</b>
1.(i)a	Joining report at the present institute.	<b>Yes</b>
2.	<b>Copies of Degree certificates B.Pharm</b>	<b>Yes</b>
3.	<b>Copy of experience certificate for all teaching appointments held before joining present institute.</b>	<b>NA</b>
4.(a)	<b>Relieving order from the previous institution.</b>	<b>NA</b>
7.(a)	<b>PAN Card</b>	<b>Yes</b>
7.(c)	<b>Form 16 (TDS certificate) for financial year 2019 -2020</b>	<b>Yes</b>

**Signed by the Teacher :**

**Countersigned by Dean / Principal.**

**Date : : 08/01/2020**

**Date : : 08/01/2020**

**Signed by the Inspector:**

**Date:**

**NOTE**

1. **The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.**
2. **The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.**

Signature of the Head of the Institution

Signature of the Inspectors

**Name of the College: Taywade Institute Of Diploma In Pharmacy  
(Formerly Sachhidanand Institute Of Diploma In Pharmacy )**

**Date of Inspection: \_\_\_\_\_**

**STAFF DECLARATION FORM 2019-2020**



1.(a) Name: **Mr. Abhijit. J. Darwade**

1.(b) Date of Birth & Age : **09/10/1987, 32years**

1.(c) Recent Passport size photo of the Employee  
Signed by Dean / Principal of the college

1.(d) Submit Photo ID proof issued by Govt. Authorities :

**Photo ID submitted: PAN card**

Number : BFDPD9229K Issued by Govt of India

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation: Assistant Professor

1.(e)(i)a Certified copies of present appointment order at present institute attached.

1.(e)ii. Department: Pharmacy

1.(e) iii. College: Taywade institute of diploma in pharmacy

1.(e) iv. City: Koradi, Nagpur

1.(e) v. Nature of appointment: Adhoc

1.(e) vi. Whether belongs to : SC

1.(f) Residential Address of employee : plot no. 21, rajgruha nagar, near manas mandir, nari road, post uppal wadi Nagpur

1.(g) **Copy of Driving License Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office: \_\_\_\_\_

Residence: \_\_\_\_\_

E-mail address: abhijitdarwade87@gmail.com

Mobile Number: 9503908651

1.(i) Date of joining present institution : \_\_\_\_01/08/2015 as Assistant Professor

1.(i) a Joining report at the present institute attached.

2. Qualifications:

Qualification	College & Univ.	Year	Registration No. with SPC	Name of the State Pharmacy Council
B.Pharm	Gurunanak college of pharmacy ( RTMNU)	2012	153412	Maharashtra state pharmacy council
M.Pharm				
Ph.D.				

2.(a) **Copies of Degree certificates of UG and PG/and Ph.D. degree attached.**

2.(b) **Copies of valid State Pharmacy Council Registration Certificate to be attached.**

3. Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Lecturer	pharmacy	AMCES, institute of pharmacy lonara	01/06/14	31/07/15	1 year 2 months
Assistant					
Associate Professor					
Professor					

4.(a) Before joining present institution I was working at Amces, institute of pharmacy and relieved on 31/07/2015 after resigning / retiring

**(Relieving order is enclosed from the previous institution).**

4.(b) I am not working anywhere else in the State or outside the State in any capacity full-time / part- time.

5. Number of Research publications in Journals during the last 3 (Three) academic years :

5.(a) International Journals:\_\_\_\_\_

5.(b) National Journals:\_\_\_\_\_

5.(c) State/Other Journals:\_\_\_\_\_

6. Number of Research Projects on hand:\_\_\_\_\_

7.(a) I am having PAN Card and my PAN No. is BFDPD9229K / I am not having PAN Card.

7.(b) I have drawn total emoluments from this college as under:-

	<b>Amount Received</b>	<b>TDS</b>
<b>April, 2019</b>	51872	3160
<b>May, 2019</b>	51872	3160
<b>June, 2019</b>	51872	3160
<b>July, 2019</b>	51872	3160
<b>August, 2019</b>	51872	3160
<b>September, 2019</b>	51872	3160
<b>October, 2019</b>	51872	3160
<b>November, 2019</b>	51872	3160
<b>December, 2019</b>	52532	2500
<b>January, 2020</b>	52532	2500
<b>February, 2020</b>	52532	2500
<b>March 2020</b>	NIL	NIL

7.(c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2019-2020 are attached)

#### Declaration

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from 01/08/2015 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. 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 thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Pharmacy Register).

Date:08/01/2020

Place:Nagpur

Signature of the Employee:

**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.

**I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.**

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: 08/01/2020

Place:

Countersigned by the Director/Dean/Principal

Remarks

<b>S.No</b>	<b>Documents</b>	<b>Submitted</b>
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	<b>Yes</b>
1.(d)	<b>Photo ID proof issued by Govt. Authorities : PAN card</b>	<b>Yes</b>
1.(e)(i)a	Certified copies of present appointment order at present institute.	<b>Yes</b>
1.(g)	<b>Copy of Electricity bill Attached as a proof of residence.</b>	<b>Yes</b>
1.(i)a	Joining report at the present institute.	<b>Yes</b>
2.	<b>Copies of Degree certificates B.Pharm</b>	<b>Yes</b>
3.	<b>Copy of experience certificate for all teaching appointments held before joining present institute.</b>	<b>Yes</b>
4.(a)	<b>Relieving order from the previous institution.</b>	<b>Yes</b>
7.(a)	<b>PAN Card</b>	<b>Yes</b>
7.(c)	<b>Form 16 (TDS certificate) for financial year 2019 -2020</b>	<b>Yes</b>

**Signed by the Teacher :**

**Countersigned by Dean / Principal.**

**Date : 08/01/2020**

**Date : 08/01/2020**

**Signed by the Inspector:**

**Date:**

**NOTE**

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.

Signature of the Head of the Institution

Signature of the Inspectors



**Name of the College: Taywade Institute Of Diploma In Pharmacy  
(Formerly Sachhidanand Institute Of Diploma In Pharmacy )**

**Date of Inspection: \_\_\_\_\_**

**STAFF DECLARATION FORM 2019-2020**



1.(a) Name: **Ms. Manish Y. Walde**

1.(b) Date of Birth & Age : **30/06/1982, 37 years**

1.(c) Recent Passport size photo of the Employee  
Signed by Dean / Principal of the college

1.(d) Submit Photo ID proof issued by Govt. Authorities :

**Photo ID submitted: PAN card**

Number : ABXPW0463D Issued by Govt of India

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation: Assistant Professor

1.(e)(i)a Certified copies of present appointment order at present institute attached.

1.(e)ii. Department: Pharmacy

1.(e) iii. College: Taywade institute of diploma in pharmacy

1.(e) iv. City: Koradi, Nagpur

1.(e) v. Nature of appointment: Permanent

1.(e) vi. Whether belongs to : SC

1.(f) Residential Address of employee : plot no123, jagjivanram nagar, garoba maidan, CA road, Nagpur.

1.(g) **Copy of Driving License Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office: \_\_\_\_\_

Residence: \_\_\_\_\_

E-mail address: manishwalde123@gmail.com

Mobile Number: 8698591587

1.(i) Date of joining present institution : \_\_\_\_01/08/2015 as Assistant Professor

1.(i) a Joining report at the present institute attached.

2. Qualifications:

Qualification	College & Univ.	Year	Registration No. with SPC	Name of the State Pharmacy Council
B.Pharm	J.L. Chaturvedi college of pharmacy ( RTMNU)	2003	70664	Maharashtra state pharmacy council
M.Pharm				
Ph.D.				

2.(a) **Copies of Degree certificates of UG and PG/and Ph.D. degree attached.**

2.(b) **Copies of valid State Pharmacy Council Registration Certificate to be attached.**

3. Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Lecturer	pharmacy	1) J.L. Chaturvedi college of pharmacy Nagpur	09/12/2003	31/03/2004	4 months
		2) institute of pharmacy maregaon, yawatmal	16/08/2004	04/05/2005	9 months
		3) Ravi Inst. Of Diploma in Pharmacy, koradi, nagpur	01/08/2005	02/02/2006	6 months
Assistant					
Associate Professor					
Professor					

4.(a) Before joining present institution I was working at -----and relieved on ----- after resigning / retiring

**(Relieving order is enclosed from the previous institution).**

4.(b) I am not working anywhere else in the State or outside the State in any capacity full-time / part- time.

5. Number of Research publications in Journals during the last 3 (Three) academic years :

5.(a) International Journals: \_\_\_\_\_

5.(b) National Journals: \_\_\_\_\_

5.(c) State/Other Journals: \_\_\_\_\_

6. Number of Research Projects on hand: \_\_\_\_\_

7.(a) I am having PAN Card and my PAN No. ABXPW0463D / I am not having PAN Card.

7.(b) I have drawn total emoluments from this college as under:-

	<b>Amount Received</b>	<b>TDS</b>
<b>April, 2019</b>	51872	3160
<b>May, 2019</b>	51872	3160
<b>June, 2019</b>	51872	3160
<b>July, 2019</b>	51872	3160
<b>August, 2019</b>	51872	3160
<b>September, 2019</b>	51872	3160
<b>October, 2019</b>	51872	3160
<b>November, 2019</b>	51872	3160
<b>December, 2019</b>	52532	2500
<b>January, 2020</b>	52532	2500
<b>February, 2020</b>	52532	2500
<b>March 2020</b>	NIL	NIL

7.(c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2019-2020 are attached)

**Declaration**

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from 01/08/2015 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. 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 thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Pharmacy Register).

Date:08/01/2020

Place:Nagpur

Signature of the Employee:

**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.

**I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.**

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: 08/01/2020

Place:

Countersigned by the Director/Dean/Principal

Remarks

<b>S.No</b>	<b>Documents</b>	<b>Submitted</b>
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	<b>Yes</b>
1.(d)	<b>Photo ID proof issued by Govt. Authorities : PAN card</b>	<b>Yes</b>
1.(e)(i)a	Certified copies of present appointment order at present institute.	<b>Yes</b>
1.(g)	<b>Copy of Electricity bill Attached as a proof of residence.</b>	<b>Yes</b>
1.(i)a	Joining report at the present institute.	<b>Yes</b>
2.	<b>Copies of Degree certificates B.Pharm</b>	<b>Yes</b>
3.	<b>Copy of experience certificate for all teaching appointments held before joining present institute.</b>	<b>Yes</b>
4.(a)	<b>Relieving order from the previous institution.</b>	<b>Yes</b>
7.(a)	<b>PAN Card</b>	<b>Yes</b>
7.(c)	<b>Form 16 (TDS certificate) for financial year 2019-2020</b>	<b>Yes</b>

**Signed by the Teacher :**

**Countersigned by Dean / Principal.**

**Date : 08/01/2020**

**Date : 08/01/2020**

**Signed by the Inspector:**

**Date:**

**NOTE**

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.

Signature of the Head of the Institution

Signature of the Inspectors

**Name of the College: Taywade institute of diploma in pharmacy**

**Date of Inspection: \_\_\_\_\_**

**STAFF DECLARATION FORM 2019-2020**

1.(a) Name: Ms. Priti. S. Bhojar

1.(b) Date of Birth & Age : 23/07/1990

1.(c) Recent Passport size photo of the Employee  
Signed by Dean / Principal of the college



1.(d) Submit Photo ID proof issued by Govt. Authorities :

**Photo ID submitted: P A N c a r d**

Number : CBWPB3895H

Issued by : Govt. of India

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1.(e) i. Present Designation: Assistant Professor

1.(e)(i)a Certified copies of present appointment order at present institute attached.

1.(e)ii. Department: Pharmacy

1.(e) iii. College: Taywade institute of diploma in pharmacy

1.(e) iv. City: Koradi, Nagpur

1.(e) v. Nature of appointment: Adhoc

1.(e) vi. Whether belongs to : OBC

1.(f) Residential Address of employee : at thangaon DEO , Tah narkhed, dist Nagpur

1.(g) **Copy of driving license Attached as a proof of residence.**

1.(h) Phone & Fax Number With Code: Office: \_\_\_\_\_

Residence: \_\_\_\_\_

E-mail address: pritibhojar7@gmail.com

Mobile Number: 9673403407

1.(i) Date of joining present institution : \_01/08/2016\_\_\_ as Assistant Professor

1.(i) a Joining report at the present institute attached.

2. Qualifications:

Qualification	College & Univ.	Year	Registration No. with SPC	Name of the State Pharmacy Council
B.Pharm	Shri Sachhidanand Shikashan Sanstha's Collefe of pharmacy (RTMNU)	2012	106302	Maharashtra state pharmacy council
M.Pharm				
Ph.D.				

2.(a) **Copies of Degree certificates of UG and PG/and Ph.D. degree attached.**

2.(b) **Copies of valid State Pharmacy Council Registration Certificate to be attached.**

3. Details of the previous appointments/teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Lecturer	Pharmacy	Sachhidanand institute of diploma in pharmacy	01/03/2015	31/08/2015	6 months
Assistant					
Associate Professor					
Professor					

4.(a) Before joining present institution I was working at Sachhidanand institute of diploma in pharmacy as assistant professor and relieved on 31/08/2015 after resigning / retiring **(Relieving order is enclosed from the previous institution).**

4.(b) I am not working anywhere else in the State or outside the State in any capacity full-time / part- time.

5. Number of Research publications in Journals during the last 3 (Three) academic years :

5 .(a) International Journals: \_\_\_\_\_

5 .(b) National Journals: \_\_\_\_\_

5 .(c) State/Other Journals: \_\_\_\_\_

6. Number of Research Projects on hand: \_\_\_\_\_

7 .(a) I am having PAN Card and my PAN No. is CBWPB3895H

7 .(b) I have drawn total emoluments from this college as under:-

	<b>Amount Received</b>	<b>TDS</b>
<b>April, 2019</b>	51872	3160
<b>May, 2019</b>	51872	3160
<b>June, 2019</b>	51872	3160
<b>July, 2019</b>	51872	3160
<b>August, 2019</b>	51872	3160
<b>September, 2019</b>	51872	3160
<b>October, 2019</b>	51872	3160
<b>November, 2019</b>	51872	3160
<b>December, 2019</b>	52532	2500
<b>January, 2020</b>	52532	2500
<b>February, 2020</b>	52532	2500
<b>March 2020</b>	NIL	NIL

7 .(c) (Copy of my PAN & Form 16 (TDS certificate) for financial year 2019-2020 are attached)

#### Declaration

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from 01/08/2016 onwards till date.
2. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. 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 thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Pharmacy Register).

Date:08/01/20120

Place:Nagpur

Signature of the Employee:

**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.

**I have verified the certificates/ documents submitted by the candidate with the original certificates/ documents as submitted by the teacher to the institute and with the concerned institute and have found them to be correct and authentic.**

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: 08/01/2020

Place:

Countersigned by the Director/Dean/Principal

**Remarks**

<b>S.No</b>	<b>Documents</b>	<b>Submitted</b>
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	<b>Yes</b>
1.(d)	<b>Photo ID proof issued by Govt. Authorities : PAN Card</b>	<b>Yes</b>
1.(e)(i)a	Certified copies of present appointment order at present institute.	<b>Yes</b>
1.(g)	<b>Copy of Driving license Attached as a proof of residence.</b>	<b>Yes</b>
1.(i)a	Joining report at the present institute.	<b>Yes</b>
2.	<b>Copies of Degree certificates B.Pharm.</b>	<b>Yes</b>
3.	<b>Copy of experience certificate for all teaching appointments held before joining present institute.</b>	<b>Yes</b>
4.(a)	<b>Relieving order from the previous institution.</b>	<b>Yes</b>
7.(a)	<b>PAN Card</b>	<b>Yes</b>
7.(c)	<b>Form 16 (TDS certificate) for financial year 2019 -2020</b>	<b>Yes</b>

**Signed by the Teacher :**

**Countersigned by Dean / Principal.**

**Date : 08/01/2020**

**Date : 08/01/2020**

**Signed by the Inspector:**

**Date:**

**NOTE**

1. The Declaration Form will not be accepted and the person will not be counted as teacher if any of the above documents are not enclosed / attached with the Declaration Form.
2. The person will not be counted as a teachers if the original of Photo ID proof, Registration Certificates / Degree certificates / PAN Card are not produced for verification at the time of inspection.

Signature of the Head of the Institution

Signature of the Inspectors