

# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

Teacher's Name SYED MUZAMMIL AFZAL  
(as on University Degree certificate)

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



Date of Birth & Age 12/12/1981 and 34 yrs

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	University college of Pharmaceutical Sciences, K.U, Warangal	2003	AI 040501	Andhra Pradesh
M.Pharm	University college of Pharmaceutical Sciences, K.U, wgl.	2006		Pharmacy Council.
(Ph.D.)/others	University college of Pharmaceutical Sciences, K-U	2015		

**Copies of Registration Certificate and University degree/PG/Ph.D. be attached.**

Present Designation : Associate Professor

Department : Pharmaceutics.

College : Sri Shivani College of Pharmacy, Near Doctors colony, Miley road.

City : Warangal.

Nature of appointment : Permanent/Temporary/Adhoc/Honorary/Part-time

Whether belongs to :  O.G./ SC/ ST/ OBC/ Ex-service/ Others

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Permanent Residential  
Address of employee : H.No: 3-1-496, Raipusa, Hanamkonda,  
Warangal, Telangana State - 506011

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

Phone & Fax Number with Code  
Office : 0870 - 3255522  
Residence : 9949439241 / 0870-2449442

E-mail address : afzalPhd@gmail.com  
Date of joining present institution : 30/8/16 as Assoc. Prof  
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer	Balaji Institute of Pharmaceutical sciences	19/7/2006	3/8/2009	3 Years.
Reader/ Assistant Professor	University college of Pharm. sciences.	07/06/2010	08/06/2011	1 Year.
Assoc. Professor	Balaji Institute of Pharmacy	08/08/2015	29/08/2016	1 Year
Principal				

1) Before joining present institution I was working at Balaji Institute of Pharm. sciences as ASSOCIATE Professor and HOD of Pharmaceutics and relieved on 29/08/2016 after resigning/retiring (relieving order is enclosed from the previous institution).

2) 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 any where 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.

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- 3) I have drawn total emoluments from this college as under (Please fill the data of last academic session) :-

	Amount Received	TDS
April, 20		
May, 20		
June, 20		
July, 20		
August, 20 15	29,384/-	200/-
September, 20 15	29,384/-	200/-
October, 20 15	29,384/-	200/-
November, 20 15	29,384/-	200/-
December, 20 15	29,384/-	200/-
January, 20 16	44,389/-	350/-
February, 20 16	44,389/-	350/-
March, 20 16	44,389/-	350/-

(Copy of my form 16 (TDS certificate) for the last financial year is attached)

P.A.N. : BSSPS6709K

Circle : Andhra pradesh.

#### Declaration

- I have not worked at any other pharmacy/college/institution or presented myself at any inspection during my employment in this college.
- 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 thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).

*S.M. Ajzoul*  
Signature of the Employee:

Date : 01/09/2016 Place : Wazirangal

#### 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.

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

Date : \_\_\_\_\_ Place : \_\_\_\_\_