

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name PARAMESHWAR. ALETI
(as on University Degree certificate)

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



Date of Birth & Age 22.10.1980 (35yr)

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	T.P.C.P- K.U.	2005	034687/A2	Andhra Pradesh pharmacy council.
M.Pharm	Annamalai University A.U. - J.N.	2008		- Hyd.
(Ph.D.)/others				

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

Present Designation : Asst. professor.

Department : pharmaceutical chemistry

College : Sri shivani college of pharmacy.

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 : AJ.No. 9-107, padmashali street,
PARKAL, Dist: Warangal
pin: 506164.

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

STD Code _____ Phone No. _____
Phone & Fax Number with Code Office : 0870 . 325522
Residence : _____

E-mail address : parameshaleti@gmail.com .

Date of joining present institution : 16.06.2008 as Asst professor
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer	Sri shivani college of pharmacy	2008	2010	2 yrs.
Reader/ Assistant Professor	Sri shivani college of pharmacy	2010	till now	6 yrs.
Professor				
Principal				

- 1) Before joining present institution I was working at _____ as _____ and relieved on _____ 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) :-

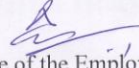
	Amount Received	TDS
April, 2015	24,000/-	200/-
May, 2015	24,000/-	200/-
June, 2015	24,000/-	200/-
July, 2015	24,000/-	200/-
August, 2015	24,000/-	200/-
September, 2015	24,000/-	200/-
October, 2015	24,000/-	200/-
November, 2015	24,000/-	200/-
December, 2015	24,000/-	200/-
January, 2016	24,000/-	200/-
February, 2016	24,000/-	200/-
March, 2016	24,000/-	200/-

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

P.A.N. : AMTPA9179P Circle : _____

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).


Signature of the Employee:

Date : 6/8/2016 Place : Warangal.

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 : _____