

# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

Teacher's Name Dr. Sridhar Babu Gummadi  
(as on University Degree certificate)

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



Date of Birth & Age 27/03/1977, 39 years

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	SPIPS, Kakatiya University	2000	032745/A1	Andhra Pradesh
M.Pharm	UCPS, Kakatiya University	2003		
(Ph.D.)/others	UCPS, Kakatiya University	2008		

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

Present Designation : Principal

Department : Dept. of Pharmaceutical Analysis

College : Sri Shrivani College of Pharmacy

City : Muluguru road, Warangal - 506007

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 : 1-90/3, L.R. Palli,  
Atmakur, Nellore (CA)  
524822

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 : 9866921912  
Residence : \_\_\_\_\_

E-mail address : srividhobabu@gmail.com  
Date of joining present institution : 24/08/2016 as Principal  
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer	Talla Padmanthi college of pharmacy	10/4/2003	16/10/2008	5 years 7 months
Reader/ Assistant Professor	"	17/10/2008	31/5/2009	8 months
Professor	Pragathi pharmacy college	1/6/2009	23/8/2016	7 years 2 months
Principal	PPC Sri Shivanii college of pharmacy	1/6/2009	23/8/2016	
		24/8/2016	til date	

- 1) Before joining present institution I was working at Pragathi pharmacy college as Principal & Professor and relieved on 23/8/2016 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) :-

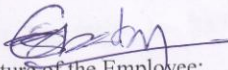
	Amount Received	TDS
April, 20		
May, 20		
June, 20		
July, 20		
August, 20		
September, 20		
October, 20		
November, 20		
December, 20		
January, 20		
February, 20		
March, 20		

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

P.A.N. : AHNPG0187C Circle : Telangana

**Declaration**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
2. 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 : 01/09/16 Place : Karimnagar

**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 :