

# Faculty/ Technical staff Details of AICTE

## Personal Details

Title*:	MAs	Address Line 1*:	Left the Institute?:
Last Name:	Kayalica	Address Line 2:	Faculty Relieved Date:
First Name:	Pothisyuska	Postal Code*:	Faculty Rejoining Date:
Middle Name:	-	City/Village*:	Email Address*:
Gender*:	Female	State*:	Alternate Email Address:
Date of Birth*:	29/07/1988	District*:	<small>Only faculty with valid AADHAAR &amp; PAN will be considered for Deficiency calculation.</small>
Current Age:		STD Code:	Aadhaar Card(UID)*:
Religion*:	Hindu	LandLine #:	Aadhaar - Enrolment Id (Eid):
Caste:	BC	MobilePhone #:	PAN*:
Nationality*:	Indian		Passport Number:

## Details Related to profession

Exact Designation*:	Asst. Prof	Appointment FT/PT*:	Date of Joining*:
Appointment Type*:	Regular	Appointment Approved by Government*:	Total Gross Salary for the last Financial Year*:
Programme*:	Pharmacy	Appointment Approved by University*:	Total Tax paid in the last Financial Year*:
Course*:	Pharmaceuticals	Salary Mode*:	

Faculty Shift:	CASH
Faculty Teaching For (Please Select Appropriate Level)*:	Diploma

## Educational Details

UG Degree: B. Pharmacy PG Degree: M. Pharmacy

## Other Details

FY/Common Subject Teacher?:	Bank account No.
FY/Common Subject:	PF No.

**Signature**