

Name of the College: \_\_\_\_\_

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

**STAFF DECLARATION FORM- 2014-15.**

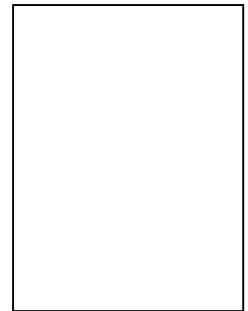
1. (a) Name: \_\_\_\_\_

1. (b) Date of Birth & Age : \_\_\_\_\_

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 :Passport copy / Driving License / PAN Card / Voter ID/MCI Smart ID Card/State Pharmacy Council ID.**

Number ..... Issued by ..... Photograph

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

1.(e) i. Present Designation: \_\_\_\_\_

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

1.(e)ii. Department \_\_\_\_\_

1.(e) iii. College: \_\_\_\_\_

1.(e) iv. City: \_\_\_\_\_

1.(e) v. Nature of appointment: Permanent / Temporary / Adhoc / Honorary / Part-time

1.(e) vi. Whether belongs to : SC / ST / OBC / Ex-service / Others.

1.(f) Residential Address of employee :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.(g) Copy of Passport /Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.**

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

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

E-mail address: \_\_\_\_\_

Mobile Number : \_\_\_\_\_

1.(i) Date of joining present institution : \_\_\_\_\_ as \_\_\_\_\_

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

2. Qualifications :

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm				
M.Pharm				
Ph.D/ Others				

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 Professor					
Associate Professor					
Professor					

4 .(a ) Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ 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 \_\_\_\_\_/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>
April, 2014		
May, 2014		
June, 2014		
July, 2014		
August, 2014		
September, 2014		
October, 2014		
November, 2014		
December, 2014		
January, 2015		
February, 2015		
March, 2015		

7.(c ) (Copy of my PAN & Form 16 (TDS certificate) for financial year \_\_\_\_\_are attached)

### **Declaration**

1. I have not worked at any other Pharmacy college/Industry or presented myself at any inspection from \_\_\_\_\_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:

Place:

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: Place: Countersigned by the Director/Dean/Principal.

### Remarks

S.No	Documents	Submitted
1.(c)	Recent Passport size photo of the Employee, Signed by Dean / Principal of the college.	Yes / No
1.(d)	Photo ID proof issued by Govt. Authorities : Passport / Driving Licence / PAN Card / Voter ID/PCI Smart ID Card/State Pharmacy Council ID	Yes / No
1.(e)(i)a	Certified copies of present appointment order at present institute.	Yes/No
1.(g)	Copy of Passport /Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.	Yes / No
1.(i)a	Joining report at the present institute.	Yes/No
2.	Copies of Degree certificates B.Pharm./M.Pharm./Ph.D.	Yes / No
3.	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes / No
4.(a)	Relieving order from the previous institution.	Yes / No
7.(a)	PAN Card	Yes / No
7.(c)	Form 16 (TDS certificate) for financial year 2013-2014	Yes / No

**Signed by the Teacher:**

**Countersigned by Dean / Principal.**

**Date:**

**Date:**

**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**