

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From,

Teacher's Name -----
(as on University Degree certificate)

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

Photograph

Date of Birth & Age-----

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

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

Present Designation: _____

Department: _____

College: _____

City: _____

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

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

Permanent Residential Address of employee:

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: _____

Residence: _____

E-mail address : _____

Date of joining present institution: _____ as _____ (Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in Years
Lecturer				
Reader / Assistant Professor				
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 am not working in any other 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.

3. I have drawn total emoluments from this college as under :-

	Amount Received	TDS
April, 2005		
May, 2005		
June, 2005		
July, 2005		
August, 2005		
September, 2005		
October, 2005		
November, 2005		
December, 2005		
January, 2006		
February, 2006		
March, 2006		

(Copy of my form 16 (TDS certificate) for financial year 2005-2006 is attached)

P.A.N.: _____ Circle : _____

Declaration:

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2005-2006.

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:
Place:

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: