

PHARMACY COUNCIL OF INDIA
STAFF DECLARATION FORM

From

Teacher's Name **Dr. Vivek M. Daniel**
(as on University Degree certificate)

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



Date of Birth & Age **17/10/1990 / Age :- 31 Years**

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	Rajiv Gandhi Proudhyogiki Vishwavidyalaya, Bhopal	2005		Karnataka State Pharmacy Council
M.Pharm	Rajiv Gandhi Proudhyogiki Vishwavidyalaya, Bhopal	2008		
(Ph.D.)/others	Mahatama Jyoti Rao Phoole University Jaipur, Rajasthan	2016		

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

Present Designation : **Principal**

Department : **Pharmaceutical Chemistry**

College : **N.T.V.Samiti's, Institute of Pharmacy**

City : **Nandurbar**

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: **H.X.83, Kitiyani Colony Mandasaur M.P.**

Copy of Passport/Voter Card/Ration Card/PAN No./Electricity Bill/Driving License

STD Code-

Phone No.-

Phone & Fax Number with Code

Office : **02564-225216**

Residence :- **Nandurbar**

E-mail address :-

ntvsph@gmail.com

Date of joining present institution:- **01/12/2021** as

Principal