

**PHARMACY COUNCIL OF INDIA**  
**STAFF DECLARATION FORM**

**From**

Teacher's Name **Mr. Shantavan Suresh Salunke**  
(as on University Degree certificate)

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



Date of Birth & Age **25/05/1993 / Age :- 26 Years**

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	P.S.G.V.P.Mandals, College Of Pharmacy, Shahada	2015	187380	Maharashtra State Pharmacy Council
M.Pharm				
(Ph.D.)/others				

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

Present Designation : **Lecturer**

Department : **Pharmacology and Toxicology**

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: **At/Post- Lonkheda, Tal- Shahada, Dist - Nandurbar.**

**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 : **02564-225216**

Residence :- **Nandurbar**

E-mail address :-

**shantvan58@gmail.com**

Date of joining present institution:- **01/11/2017** as

**Lecturer**  
(Designation)

**Details of the previous appointments/teaching experience**

Position	Name of Institution	From	To	Total Experience in years
Lecturer	N.T.V.S's, Institute of Pharmacy, Nandurbar	01/11/2017	Till Date	02 Years, 08 Months
Reader/ Assistant Professor				
Professor				

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 :-**

Month	Amount Received	TDS
Apr-18	14020/-	---
May-18	14020/-	---
Jun-18	14020/-	---
Jul-18	14020/-	---
Aug-18	34166/-	---
Sep-18	34166/-	---
Oct-18	34166/-	---
Nov-18	34166/-	---
Dec-18	34166/-	---
Jan-19	34166/-	---
Feb-19	34066/-	---
Mar-19	34166/-	---

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

P.A.N.: GPMPS7053L

Circle:- NASHIK

### **Declaration**

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection for the academic year 2019-20.
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 :- 20/02/2020**

**Place - Nandurbar**

### **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 :-20/ 02/2020**

**Place - Nandurbar**