PHARMACY COUNCIL OF INDIA STAFF DECLARATION FORM

From

Teacher's Name **Mrs.VAISHALI DADAJI SHEWALE** (as on University Degree certificate)

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



Date of Birth & Age 25/11/1982 / Age :- 34 Years

Qualification	College & University	Year	Registratio n No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	D.C.S.A.R.A.College of Pharmacy,Dhule	2004		Maharashtra State Pharmacy Council
M.Pharm	T.V.E.S.College of Pharmacy,Faizpur	2008	72504	
(Ph.D.)/others				

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

Present Designation: Principal

Department: Pharmaceutics

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: 31' Dnyandeep Society, Dhule Road, 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 :- shewale.vaishu@gmail.com

Date of joining present institution:- 01/08/2010 as Principal

(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	То	Total Experience in years
Lecturer	N.T.V.S's,Institute of Pharmacy, Nandurbar	01/07/2004	30/06/2006	02 Years
	J.E.S.C.O.P., Nandurbar	01/07/2006	30/06/2007	01 Year
	Gangamai College of Pharmacy, Nandurbar	01/07/2009	30/06/2010	01 Year
Professor				
Principal	N.T.V.S's,Institute of Pharmacy, Nandurbar	01/08/2010	Till Date	09 Year

- 1. Before joining present institution I was working at **Gangamai**, **College of Pharmacy**, **Nagaon** 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	47469/-	
May-18	47469/-	
Jun-18	47469/-	
Jul-18	47469/-	
Aug-18	68559/-	
Sep-18	68559/-	
Oct-18	68559/-	
Nov-18	68559/-	
Dec-18	68559/-	
Jan-19	68559/-	
Feb-19	68459/-	
Mar-19	68559/-	71240/-

(Copy of my form 16 (TDS certificate) for financial year 2018-2019 is attached)

P.A.N.: BIRPS8090Q Circle:- NASHIK

Declaration

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

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