

PHARMACY COUNCIL OF INDIA
STAFF DECLARATION FORM

From

Teacher's Name **Smt.Patil Mahima Sunil**
(as on University Degree certificate)

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



Date of Birth & Age **06/02/1996 / Age :- 27 Years**

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	R.C. Patel, Shirpur	2014		Maharastra State Pharmacy Council
M.Pharm				
(Ph.D.)/others				

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

Present Designation : **Lecturer**

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: At/Post-Nandurbar Tal Dist-Nandurbar.

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

STD Code-

Phone No.-

Phone & Fax Number with Office : **02564-225216**

Residence :- **Nandurbar**

E-mail address :- **mahimathakare83@gmail.com**

Date of joining present institution:- **01/06/2022** as

Lecturer
(Designation)