

# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

Teacher's Name ..... Aaliti Singh .....  
(as on University Degree certificate)

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



Date of Birth & Age ..... 15/10/1997 ..... 23 years

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	<u>SFS College of Pharmacy, Ballia (AKTU)</u>	<u>2017</u>	<u>82280</u>	<u>Uttar Pradesh</u>
M.Pharm	<u>—</u>	<u>—</u>		
(Ph.D.)/others	<u>—</u>	<u>—</u>		

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

Present Designation : Lecturer

Department : Pharmacy

College : Jai Chaman College of Pharmacy

City : Ballia

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

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

Contd. on page 2

