

Kothapalli  
E G Distt  
Andhra  
Institute

S.No	Name	From Date	To Date	Job Nature	Department	Designation	Place	Gross Emoluments (Salary) per Month (in INR)	Employee Provident Fund Number	Attach Copy
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### Faculty Workload

S.No	Course	Year	Subject	Theory (Number of Hours per week including tutorials)	Practical (Number of Hours per week)	Research Work Done	Remarks
1	D.Pharm	1	Pharmaceutical Chemistry-I	10	15		hy

Status

Remarks

#### Undertaking:

If information is found false, the registration of Principal and the concerned faculty with state pharmacy council will be cancelled and action can be taken under Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2014.

Name of the Principal: