

Permanent Residential

Address of employee : B3BA/1449A Shivlok Triveni Nagar IIIrd
LKO.

Copy of Passport/Voter Card/Ration Card/PAN No./Electricity Bill/Driving License Attached as a proof of residence.

STD Code

Phone No. 7054590065.

Phone & Fax Number with Code

Office : _____

Residence : _____

E-mail address : venitkagufra2434@gmail.com.

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer	Sagar College of Pharmacy.	1 November 2020	3 August 2021	10 month.
Reader/ Assistant Professor				
Professor				
Lab-Incharge				
Principal				

- 1) Before joining present institution I was working at Sagar College of Pharmacy as Lecturer and relieved on 30 September after resigning/retiring.
- 2) I, hereby undertake that I have not given my name as teaching faculty in any other Pharmacy institution for teaching any Pharmacy course and not working in any where other than this institution 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.