

Permanent Residential
Address of employee : Prem kumar chawla Thane
Maharashtra

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 : _____

Residence : _____

E-mail address : Amitesh Kumar Bhandaryse@gmail.com

Date of joining present institution : 7/11/2022 as Principal
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer Assistant Professor	Institute of Pharmacy	10/01/2017	29/10/2020	3.9 year's
Reader/ Assistant Professor	Lutawan Institute of Pharmacy	01/11/2020	30/09/2022	2 Year's
Professor				
Principal				

- Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning/retiring (relieving order is enclosed from the previous institution).
- 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.

Dr. S. P. Gupta College of Pharmacy and Studies
GATEWAY TO KNOWLEDGE

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