

बैसवारा फार्मसी कॉलेज

सेमौर-पिहानी, हरदोई

संख्या : _____
दिनांक : _____

विषय :

BFC/2023/NA104/53

10/03/2023

Offer Letter

To,

Ms Pooja Pradhan
Lucknow Road, Dist-Hardoi (U.P.)

Subject:-Offer Letter for the Post of Principal / HOD in Baiswara Pharmacy College.

Dear Sir,

With reference to your Bio-Particulars and application, we are pleased to inform you that on the basis of testimonials, we are pleased to appointment you as **Principal / HOD** in the **Baiswara Pharmacy College, Semour, Pihani, District-Hardoi (U.P.)** on regular basis. The appointment is subject to the conditions given below:-

1. You will be entitled for the salary with the basic of Rs. 37400-67000 with AGP or Rs. 9000 gross Rs 45870.00/- monthly.
2. Subject to the approval from the MANAGEMENT.
3. TDS, any other statutory tax, if applicable will be deducted at source. You are advised to keep the account officer informed of your savings and Investments for the purpose of calculation of TDS.
4. The appointee may be permitted to resign with one month prior notice or by paying one month's basic salary.
5. The appointee shall be full time employee of this institute and such shall not engage his / her in any private tuition nor shall involve in any private business, trade or profession. You will have to work exclusively for our college and you will not take up any assignment even on part-time basis. You will be diligently and faithfully work for our college/hospital.
6. You will be allowed weekly off and other holidays, as may be prescribed by the institute.
7. You will be abiding by the rules/order/regulations of the institute/State government.
8. You will be maintaining college timings and other rules, which are in force, as on today & which will be applicable from time to time in future.
9. Increment / salary revision or any addition will be made at the time of annual review at the discretion of management on the basis of performance of the duty.
10. The management reserves the right to terminate your services in the event of indiscipline or working against the interest of institution.
11. Relieving certificate from the institution where candidate has been working or proof of superannuation, whichever is applicable.

If the above-mentioned terms & conditions are acceptable to you. Then send acceptance letter to us


Chairman

Annexure-C

1. I _____ give my consent to join as teaching faculty
(Name of faculty member)
in BELUR PHARMACY COLLEGE
(Name of Institution with full address)

In case, the said institution gets approval from the PCI.

2. My qualifications are as under -

- B Pharm
- BA Pharm (Indicate specialization)
- Ph.D

3. I Prasa Prasad, PO certify that the above consent letter is genuine and true
(Name of Principal)

and I understand that providing false information by Principal may result in:

- a) action against me under regulation (a) and (x) of "Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2014"
- b) rejection of the application of Institution for approval and PCI in no way will be responsible.

4. I Prasa Prasad, PO shall be duty bound to inform the PCI my having relieved
(Name of Principal)

from the previous institution upon joining the present institution.

Signature of faculty

Signature of Principal

Date

10/2/2023

Prasa Prasad
Principal

Signature
Date

उत्तर प्रदेश प्राविधिक विश्वविद्यालय



विश्वविद्यालय की शिक्षा परिषद की अनुमति पर

पूजा प्रधान

को बैचलर ऑफ फार्मसी की उपाधि

प्रथम श्रेणी में

आपकी श्रम का फल उपाधि की उपाधि के रूप में
विश्वविद्यालय द्वारा विहित उपाधियों की आवश्यकताओं को संतुष्ट करने के लिए
सफलतापूर्वक वर्ष 2009 में प्रदान की जाती है।

Uttar Pradesh Technical University

On the recommendation of the Academic Council,

the University hereby confers the degree of

Bachelor of Pharmacy

upon

POOJA PRADHAN

*who has successfully completed the requirement prescribed by the University
for the award of this degree in*

First Division

in the year 2009.

सचिव, (प.प्र.) भाग
Lucknow, (U.P.) India



कुलाधिपति
Vice-Chancellor

डिग्री क्रमांक / Degree Serial No.

M.PHARMU/2017/52351

संलग्न क्रमांक / Enrollment No.

142025610476

संज्ञांक संख्या / Roll No.

14202561508



डा. ए. पी. जे. अब्दुल कलाम प्राविधिक विश्वविद्यालय, उत्तर प्रदेश



(पूर्ववर्ती उत्तर प्रदेश प्राविधिक विश्वविद्यालय, लखनऊ)

विश्वविद्यालय की विद्या पीपद की अनुसन्धा पर

पूजा प्रधान

को फार्मास्युटिक्स विभा में फार्मसी की परसनातक उपाधि प्रथम श्रेणी में

उन्के द्वारा इस उपाधि की अर्थापि हेतु विश्वविद्यालय द्वारा विहित अपेक्षाओं को सफलतापूर्वक पूरा करने पर परसनातक सन् 2017 में प्रदान की जाती है।

Dr. A. P. J. Abdul Kalam Technical University, Uttar Pradesh

(Formerly Uttar Pradesh Technical University, Lucknow)

Upon the recommendation of the Academic Council,

the University hereby confers the degree of

Master of Pharmacy in Pharmaceutics

upon

POOJA PRADHAN

who has successfully completed the requirements prescribed by the University for the award of this degree in **First Division**

First Division

for the year 2017

संज्ञांक (F.R.) संख्या

संज्ञांक संख्या

संज्ञांक संख्या



Signature

(Dr. A. P. J. Abdul Kalam)

कुलपति

(Chief Justice, Lucknow
Vice-Chancellor)