

STAFF DECLARATION FORM

From

Teacher's Name Mohammad Shueb
(as on University Degree certificate)



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

Date of Birth & Age 01-02-1992

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	IFTM University, Moradabad	2015	67724	UTTAR PRADESH Pharmacy Council.
M.Pharm	IFTM University, Moradabad	2017		
(Ph.D.)/others				

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

Present Designation : Principal

Department : Diploma in Pharmacy

College : Lakshya Singapore International School

City : Bagwara Seohara Distt- Sonbhadra (U.P)

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

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

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