

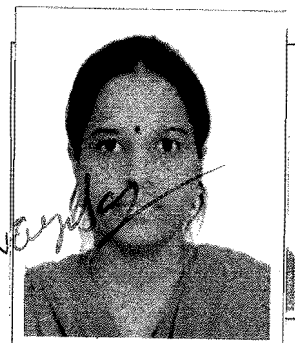
PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name B.Rekha..... (as
on University Degree certificate)

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



Date of Birth & Age25.05.1983 & 34.....

Qualification	College & University	Year	Registration No. with State Pharmacy	Name of the State Pharmacy Council
B.Pharm	Thanthai Roever College of Pharmacy, Perambalur & Dr. M.G.R. Medical University	2005	11215 A1	Tamil Nadu State Pharmacy Council
M.Pharm	E.G.S. College of Pharmacy, Nagapattam & Dr.MGR Medical University	2013		
(Ph.D.)/others				

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

Present Designation : Assistant Professor

Department : Pharmacology

College : Dhanalakshmi Srinivasan College of Pharmacy

City : Perambalur

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

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

Contd. on page 2

Permanent Residential

Address of employee : No: 255/G5, Mettu Street, Vadakkumathavi Road,Perambalur**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 CodeOffice : 9092493278Residence : 9994443888E-mail address : jdbrekha@gmail.comDate of joining present institution : 27.04.2017 as Assistant Professor
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer	Thanthai Roever College of Pharmacy, Perambalur.	10.09.2007	28.10.2011	4
Reader/ Assistant Professor	Thanthai Roever College of Pharmacy, Perambalur.	07.10.2013	16.04.2017	3
Professor	-	-	-	-
Principal	-	-	-	-

- 1) Before joining present institution I was working at Thanthai Roever College of Pharmacy as Assistant Professor and relieved on 16.04.2017 after resigning/retiring (**relieving order is enclosed from the previous institution**).
- 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.

Contd. on page 3

3) I have drawn total emoluments from this college as under (Please fill the data of last academic session) :-

	Amount Received	TDS
April, 20		
May, 20		
June, 20		
July, 20		
August, 20		
September, 20		
October, 20		
November, 20		
December, 20		
January, 20		
February, 20		
March, 20		


(Copy of my form 16 (TDS certificate) for the last financial year is attached)

P.A.N. : AUPPR7458G

Circle : _____

Declaration

1. I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
2. It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).


Signature of the Employee: 

Date :

Place:

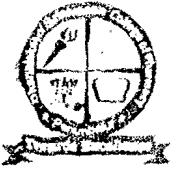
Endorsement

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.


Countersigned by the Director/Dean/
Principal in respect of Teaching Staff

Date :

Place :



**DHANALAKSHMI SRINIVASAN
COLLEGE OF PHARMACY**

Thuraiyur Road, Perambalur - 621 212.

27.04.2017

APPOINTMENT ORDER

To

Mrs.Rekha.B,
255/G5, Mettu Street,
Vadakkumathavi Road,
Perambalur.

With references to your resume and based on the interview conducted by the selection committee of Dhanalakshmi Srinivasan Charitable and Educational Trust, you are selected as **Assistant Professor** in our Proposed Dhanalakshmi Srinivasan College of Pharmacy, Perambalur.

Kindly send your willingness to accept the appointment along with 2 photographs and photocopies along with your Original certificates, Relieving order and Experience certificate.

You should obey all the rules and regulations of our College of Pharmacy as per the discussion.

PRINCIPAL

Principal
Dhanalakshmi Srinivasan College of Pharmacy
Perambalur

JOINING LETTER

From,

B.Rekha.
255/G5, Mettu Street,
Vadakkumathavi Road,
Perambalur.

To,

The Principal,
Dhanalakshmi Srinivasan College of Pharmacy,
Perambalur - 621212.

Respected Sir,

Subject: **REKHA.B**, Joining as **Assistant Professor** on 27.04.2017 - reg.

With Reference to the appointment order, I am Joining duty as your institution as Assistant Professor in the Department of Pharmacology in the F.N. of 27.04.2017. Here With I am submitting my Original Certificates, ID proof and two photographs as per your Instruction for Verification. I will abide by the rules and regulations of the trust and College.

Thanking You,

Place: Perambalur.

Date: 27. 4. 17

Rekha

*Joined duty
Rekha*

Yours Sincerely,
Rekha



B. *[Signature]*

The Tamil Nadu Dr. M.G.R. Medical University
CHENNAI

FACULTY OF PHARMACY

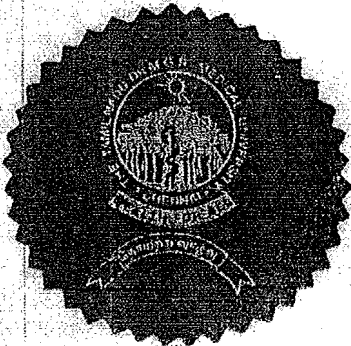
The Governing Council of THE TAMIL NADU
Dr. M. G. R. MEDICAL UNIVERSITY hereby makes known that

REKHA B. born on **25-May-1983**

has been admitted to the Degree of **BACHELOR OF PHARMACY**

~~is~~ she having been certified by duly appointed Examiners
to have qualified to receive the same at the Examination

held in **FEBRUARY 2006** with Registration No. **56007620**



[Signature]

Given under the Seal of the University.

CHENNAI
DATE OF CONVOCATION 27 MAR 2007

[Signature]
REGISTRAR etc

[Signature]
DR. K. MEER MUSTAFA HUSSAIN
M.D., D.C.H., Ph.D.,
VICE-CHANCELLOR



The Tamil Nadu Dr. M.G.R. Medical University



FACULTY OF PHARMACY



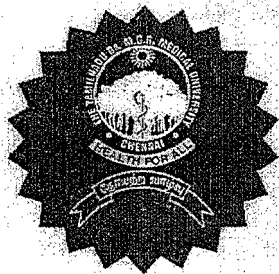
The Governing Council of
The Tamil Nadu Dr. M.G.R. Medical University
hereby makes known that

REKHA B

has been admitted to the
DEGREE OF

MASTER OF PHARMACY - M.PHARM. (PHARMACOLOGY)

he / she having been qualified to receive the same at the Examination held in
Oct. 2013 with Reg. No. 26118941



125261189/150578

DC No. 13784 / 14

DATE OF CONVOCAION 02-Sep-2014

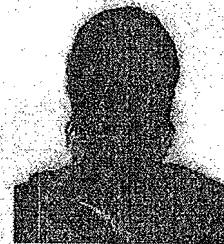

REGISTRAR


Dr. D. SHANTHARAM, M.D., D.DIAB.,
VICE-CHANCELLOR

TAMILNADU PHARMACY COUNCIL
CHENNAI



Pharmacist Registration
Certificate



Certificate No: 11215 A1

Date : 23rd June 2006

This is to certify that

B. REKHA B.Pharm

(daughter of D.Balasubramanian)

whose date of birth is 25th May 1983 (Nineteen Eighty Three)

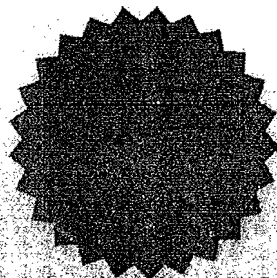
has been duly registered as a

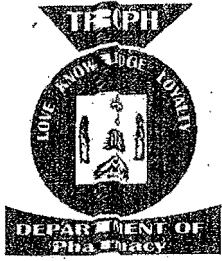
Registered Pharmacist

and is entitled to all the privileges granted under
The Pharmacy Act 1948 (Central Act No. VIII of 1948)
as amended to regulate the practice of Pharmacy in the State of Tamilnadu.

IN WITNESS whereof are herewith affixed the seal of the
Tamil Nadu Pharmacy Council and the Signature of the
Registrar of the said Pharmacy Council.

Signature of the Candidate


Registrar

THANTHAI ROEVER COLLEGE OF PHARMACY

(RUN BY ST. JOHN SANGAM TRUST)

"ROEVER CAMPUS" - PERAMBALUR - 621 212. TAMILNADU, INDIA

(Approved by All India Council for Technical Education, New Delhi, & Govt. of Tamil Nadu.

Recognized by Pharmacy Council of India, New Delhi.

Affiliated by The Tamil Nadu Dr. M.G.R Medical University, Chennai - 600 032.)

E-mail : roevercollegeofpharmacy@yahoo.com

Date :12.12.2016

EXPERIENCE CERTIFICATE

This is to certify that Ms. B. REKHA, B.Pharm., has worked as Tutor, in the Department of Pharmacology in our College of Pharmacy from SEPTEMBER 2007 to OCTOBER 2011. She is having keen interest in updating the knowledge of Pharmacy in additions to academic activities.

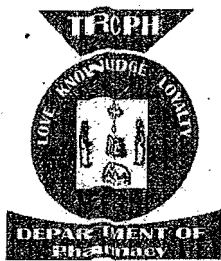
" I Wish Her all Success in Her Future Endeavours "

PRINCIPAL**THANTHAI ROEVER COLLEGE OF PHARMACY,
"Roever Campus"
PERAMBALUR -621 212.****Principal
Dhanalakshmi Srinivasan College of Pharmacy
Perambalur**

Fax : 04328 - 278114

Ph : 04328 - 278114, 277835

THANTHAI ROEVER COLLEGE OF PHARMACY



(RUN BY ST. JOHN SANGAM TRUST)

“ROEVER CAMPUS” - PERAMBALUR - 621 312. TAMIL NADU, INDIA

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Recognized by Pharmacy Council of India, New Delhi.

Affiliated by The Tamil Nadu Dr. M.G.R Medical University, Chennai - 600 032.)

E-mail : roevercollegeofpharmacy@yahoo.com

Date :12.12.2016

RELIEVING ORDER

Ms. B. REKHA, M.Pharm., Assistant Professor, has been relieved from her service in this College on 30.11.2016.

PRINCIPAL

THANTHAI ROEVER COLLEGE OF PHARMACY,
“Roever Campus”
PERAMBALUR - 621 212.

Ayandhi
Principal
Dhanalakshmi Srinivasan College of Pharmacy
Perambalur



இந்திய அரசாங்கம்
Government of India



பெண்
B Rekha

தந்தை : பாலசுப்ரமணியன்
Father : BALASUBRAMANIYAN

பிறந்த நாள் : DOB: 25/05/1983
பாலினம் : Female



8925 6495 7228

ஆதார - சாதாரண மனிதனின் அதிகாரம்



இந்திய குடியியல் அடையாள அமைப்பு
Unique Identification Authority of India

முல்லை - ஸ்ட். 255/2/5
மேட்டுத்தேரு. பெரம்பலூர், பெரம்பலூர்
பெரம்பலூர், பெரம்பலூர், தமிழ்நாடு
621212

Address: W/O Judge, NO
255/G/5, METTU STREET,
PERAMBALUR, Perambalur,
Perambalur, Tamil Nadu,
621212

8925 6495 7228

1847
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

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