

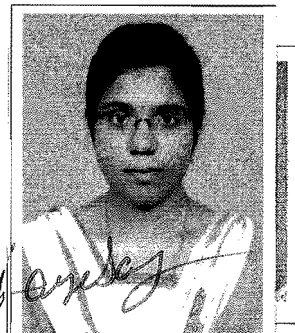
# PHARMACY COUNCIL OF INDIA

## STAFF DECLARATION FORM

From

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

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



Date of Birth & Age .....06.09.1991& 26.....

Qualification	College & University	Year	Registration No. with State Pharmacy	Name of the State Pharmacy Council
B.Pharm	K.M.College of Pharmacy & Dr.MGR Medical University	2013	19474 A1	Tamil Nadu State Pharmacy Council
M.Pharm	Madurai Medical College & Dr.MGR Medical University	2016		
(Ph.D.)/others				

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

Present Designation : Assistant Professor

Department : Pharmaceutical Chemistry

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

*Don't call*

Permanent Residential

Address of employee , 16,Agraharam, Avaniya Puram,  
Madurai-625 012,**Copy of Passport/Voter Card/Ration Card/PAN No./Electricity Bill/Driving License Attached as a proof of residence.**

STD Code

Phone No.

Phone &amp; Fax Number with Code Office : \_\_\_\_\_

Residence : 8489447172E-mail address : durgaamai@gmail.comDate of joining present institution : 01.08.2017 as Assistant Professor  
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer				
Reader/ Assistant Professor				
Professor				
Principal				

- 1) Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ 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. : \_\_\_\_\_ Circle : \_\_\_\_\_

**Declaration**


- I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
- 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.

27.07.2017

APPOINTMENT ORDER

To

K.B. Durgadevi,  
16, Agraharam,  
Avaniya Puram,  
Madurai-625 012.

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 a **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,

K.B. Durgadevi,  
16, Agraharam,  
Avaniya Puram,  
Madurai-625 012.

To,

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

Respected Sir,

Subject: K.B. Durgadevi, Joining as Assistant Professor on 01.08.2017 - reg.

With reference to the appointment order, I am Joining duty as your institution as Assistant Professor in the Dhanalakshmi Srinivasan College of Pharmacy in the F.N. of 01.08.2017. Herewith 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.

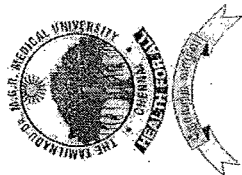
Thanking You,

Yours Sincerely,  
*K.B. Durgadevi*

*Zhand*

Place: Perambalur.

Date:



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



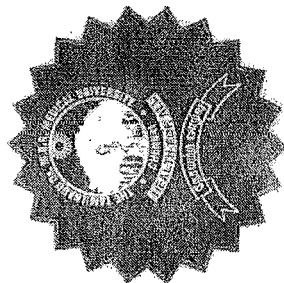
## FACULTY OF PHARMACY

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



**DURGADEVI K B**  
has been admitted to the  
**DEGREE OF**  
**BACHELOR OF PHARMACY (B.PHARM.)**

he / she having been qualified to receive the same at the Examination held in  
Aug. 2013 with Reg. No. 56091610



**Principal**  
Shri Sri Sankaranarayanan College of Pharmacy  
Perambalur

*[Signature]*

*[Signature]*

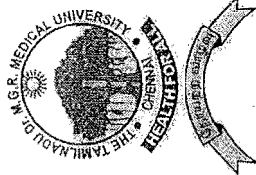
12165609161010287

DC No. 01600 / 14

*[Signature]*  
REGISTRAR

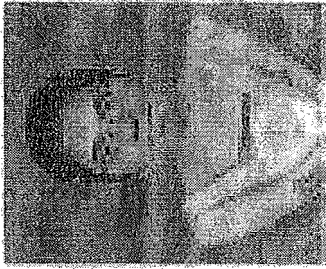
Dr. D. SHANTHARAM, M.D., D.DIAB.,  
VICE-CHANCELLOR

DATE OF CONVOCATION 02-Sep-2014



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

GUINDY, CHENNAI - 32



## FACULTY OF PHARMACY

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

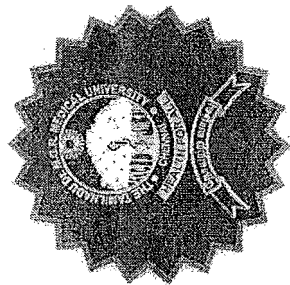


DURGADEVI K.B

has been admitted to the  
DEGREE OF

MASTER OF PHARMACY - M.PHARM. (PHARMACEUTICAL CHEMISTRY)

he / she having been qualified to receive the same at the Examination held in  
Apr. 2016 with Reg. No. 261415755



Principal  
Perambalur  
Sri Lakshmi Shivan College of Pharmacy

DC No. 15396 / 16

DATE OF CONVOCATION 03-Dec-2016

REGISTRAR

DR.S. GEETHALAKSHMI, M.D., Ph.D.,  
VICE-CHANCELLOR



**TAMIL NADU PHARMACY COUNCIL  
CHENNAI**



**PHARMACIST REGISTRATION CERTIFICATE**

CERTIFICATE NO 19474 A1

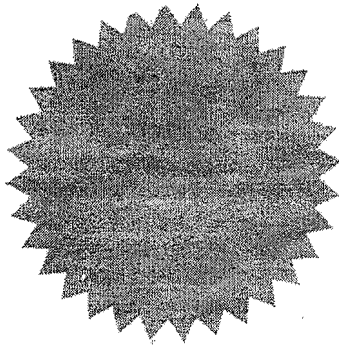
DATED 11th March 2014

THIS IS TO CERTIFY THAT K.B. DURGADEVI B.Pharm  
(~~son~~ / daughter of K.S. Baskaran) whose date of birth is  
6th September 1991 (Nineteen Ninety One) 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 Tamil Nadu.

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.



Principal  
Dhanalakshmi Srinivasan College of Pharmacy  
Perambalur

K.B. Durgadevi  
Signature of the Candidate



*[Handwritten Signature]*

*[Handwritten Signature]*  
Registrar

Note: (1) This certificate shall remain in force till 11th March, 2019 days of grace upto 11th June, 2019  
(2) The above Photograph is due for change on 11/03/2019

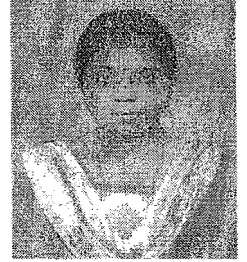




**TAMILNADU PHARMACY COUNCIL  
CHENNAI**



FORM - I  
[See Rule 79 (2)]

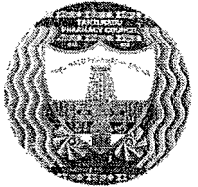


**Registration of Additional Qualification**

(Under Section 35 of the Pharmacy Act, 1948)

*The additional diploma / certificate / degree  
appearing below has been inserted in the*

*Register of Pharmacists for the Tamil Nadu state  
against the name of the following Registered Pharmacist*



Name : K.B. DURGADEVI

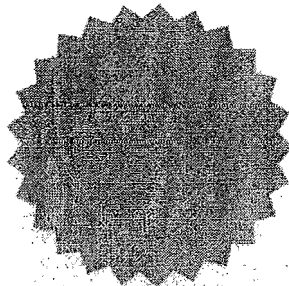
Registration Number & Date : 19474 A1 11-Mar-2014

Diploma/Certificate/Degree  
already registered : B.Pharm

Diploma/Certificate/Degree  
now registered : M.Pharm  
(PHARMACEUTICAL CHEMISTRY)

Date of Addl. Qualification Regd. : 30/03/2017

*K.B. Durgadevi*  
Signature of the Candidate



*T. Y.*  
Registrar

**Principal  
Dhanalakshmi Srinivasan College of Pharmacy  
Perambalur**

அரசுத் தேர்வுகள் துறை, சென்னை - 600 006.

DEPARTMENT OF GOVERNMENT EXAMINATIONS, CHENNAI - 600 006.

இடைநிலைப் பள்ளி இறுதி வகுப்புச் சான்றிதழ்  
**SECONDARY SCHOOL LEAVING CERTIFICATE**  
 பத்தாம் வகுப்பு  
**X STANDARD**

தமிழ்நாடு அரசின் அதிகாரத்திற்கு உட்பட்டு வழங்கப்படுகிறது  
 ISSUED UNDER THE AUTHORITY OF THE GOVERNMENT OF TAMILNADU

தேர்வர் DURGADEVI K B

MAR. 2007 இல்

இடைநிலைப் பள்ளி இறுதி வகுப்புப் பொதுத் தேர்வெழுதி கீழ்க்காணும் விழுக்காடு  
 மதிப்பெண்களைப் பெற்றுள்ளார் என்று சான்றளிக்கப்படுகிறது.

*Certified that the above mentioned candidate appeared for the SSLC Public Examination and  
 obtained the following percentage of marks :*

பாடம் SUBJECT	மதிப்பெண் MARKS	
தமிழ் TAMIL	83	EIGHT THREE
ஆங்கிலம் ENGLISH	81	EIGHT ONE
கணிதம் MATHEMATICS	88	EIGHT EIGHT
அறிவியல் SCIENCE	67	SIX SEVEN
சமூக அறிவியல் SOCIAL SCIENCE	88	EIGHT EIGHT
மொத்தம் TOTAL	407	FOUR ZERO SEVEN

பிறந்த நாள் / DATE OF BIRTH 06. 09. 1991	பதிவேண் / REGISTER NO. 180653	ம.அ.ப. குறியீட்டெண் & நாள் / TMR CODE NO. & DATE A166000 31. 05. 2007
பள்ளியின் பெயர் / NAME OF THE SCHOOL SOURASHTRA @ HSS MADURAI		

இடைநிலைப் பள்ளி இறுதி வகுப்புப் பொதுத் தேர்வில் தேர்ச்சி பெற ஒவ்வொரு பாடத்திலும், 100க்குக் குறாம அளவு முப்பத்தைந்து மதிப்பெண்கள் பெறுதல் வேண்டும். இது பகுதி முறையில் தேர்வு எழுதித் தேர்ச்சி பெறுவதற்கும் பொருந்தும்.

*A Pass in the SSLC Examination requires a minimum of Thirty Five percent of marks in each subject. This includes passing under the Compartmental System also.*

K.B. DURGADEVI

தேர்வாளின் பெயர்  
Candidate's Signature

செயலாளர்  
மாநிலப்பள்ளித் தேர்வுகள் குழுவின் தமிழ்நாடு  
SECRETARY  
STATE BOARD OF SCHOOL EXAMINATION, TAMILNADU

आयकर विभाग  
INCOME TAX DEPARTMENT  
K B DURGADEVI  
BASKARAN  
06/09/1991  
Permanent Account Number  
BMOPD4306D  
K B Durgadevi  
Signature

भारत सरकार  
GOVT OF INDIA



5102012

इस कार्ड के खोने / जाने पर कृपया सूचित करें / नोट करें  
आयकर पैन सेवा इकाई, एनएसडीएल  
तीसरी मंजिल, साफायर चेंबर्स  
बानेर टेलिफोन एक्सचेंज के नजदीक  
बानेर, पुणे - 411045

*If this card is lost / someone's lost card is found,  
please inform / return to -  
Income Tax PAN Services Unit, NSDL  
3rd Floor, Sapphire Chambers,  
Near Baner Telephone Exchange,  
Baner, Pune - 411 045*

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081  
e-mail: [unit@nsdl.co.in](mailto:unit@nsdl.co.in)

Hand



भारत सरकार



आधार

இந்திய அரசாங்கம்  
Unique Identification Authority of India  
Government of India

பதிவு அடையாளம் / Enrollment No.: 2007/14387/05184

To  
தற்காதேவி கே பி  
Durgadevi K B  
D/O: Baskaran  
16 AGRAHARAM  
AVANIYAPURAM  
Avaniapuram  
Avanivapuram  
Madurai South Madurai  
Tamil Nadu 625012  
9344107392

30/12/2013  
101393834



ML013938343FT



உங்கள் ஆதார் எண் / Your Aadhaar No. :

**9101 6291 4444**

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய அரசாங்கம்  
Government of India



தற்காதேவி கே பி  
Durgadevi K B  
தந்தை : பாஸ்கரன்  
Father : Baskaran  
பிறந்த நாள் / DOB : 06/09/1991  
பெண்பால் / Female



**9101 6291 4444**

ஆதார் - சாதாரண மனிதனின் அதிகாரம்

*Handwritten signature*