



Application form for the engagement of Part Time Teacher in the Department of _____ for Academic Session 2024-25.

1. Name: _____
2. Father's name: _____
3. Date of Birth: _____
4. Correspondence add. _____

- Mobile No. _____
- E-mail address _____
5. Educational qualifications: _____

Paste here your
recent self-attested
passport size
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Exam/ Degree	Univ./Board	Year of passing	Marks obtained/ Total marks	% of marks	Division
Matric					
12 th					
BA/B.Sc./B.Com./ B.Pharmacy/LLB./B.Te ch. etc.					
M.A./M.Sc./M.Com./ M.Pharmacy/LLM./ M.Tech. etc.					
M.Phil.					
Ph.D.					
Any other					

6. NET/SLET/Ph.D.: _____
7. Mention the status of Ph.D. awarding University _____
(i.e. Central/State/Deemed/Private University with NAAC Grade)
8. Category (Gen./SC/BC/ESM/SBC/EBPG/PWD): _____
9. Teaching Experience: (subject to production of experience certificate)

Name of the Employer	Post held	Pay Scale/ Consolidated pay	From	To

10. Research Experience: _____
11. Field of specialization: _____

I certify that the above information given by me is true to the best of my knowledge and belief. If at any time, I am found to have concealed any material/information or given any false details, my engagement shall be liable to be summarily terminated without notice or compensation.

Dated: _____
Place: _____

(Signature of the candidate)
Mob. No.: _____
E-Mail ID.: _____

ANNEXURE-C

1. I _____, give my consent to join as teaching faculty
(name of faculty member)

In _____
(Name of the institution with full address)

In case the said institution gets approval from the PCI

2. My qualification are as under:-

• B.Pharm

• M.Pharm
(indicate specialization)

• Ph.D.

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

And I understand that providing false information by Principal may result in

(a) Action against me under regulation (ix) 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 _____, shall be duty bound to inform the PCI my
having relieved (Name of the Principal)

From the previous institution upon joining the present institution.

Signature of faculty : _____

Signature of Principal : _____

Date : _____