

## Dr. D. Y. PATIL COLLEGE OF PHARMACY

Dr. D. Y. Patil Educational Complex, Sector - 29, Pradhikaran, Akurdi, Pune 411 044. Tel.: 020-27656141, Tel. Fax: 020-27656141

Web: www.dyppharmaakurdi.ac.in E-mail: info@dyppharmaakurdi.ac.in Approved by : All India Council for Techinical Education, New Delhi Pharmacy Council of India, New Delhi. Recognized by : Government of Maharashtra Affiliated to Savitribal Phule Pune University, Pune

Dr. Sanjay D. Patil President

Padmashree Dr. D. Y. Patil Founder

Shri, Satej D. Patil Vce-President & Chairman

Dr. N. S. Vyawahare Principal

Ref. No. : DYPCOP/ 173 (1) 12 | Date: 17/ 1/202/

To Dr Chandraprabhu M. Jangme Saraswati-Chandra, Signal Camp. Behind Deshikendra High school, Latur-413512

Subject: Appointment to the post of "Professor" at Dr. DY Patil College of Pharmacy, Akurdi, Pune-411044,

With reference to your application for the above post and on the basis of your subsequent interview, Dr. D.Y. Patil Pratishthan is pleased to appoint you as Professor at Dr. D.Y. Patil College of Pharmacy, Akurdi, Pune-411044

This appointment is subject to the following terms & conditions.

- 1. Your appointment is subject to your selection by Local Selection Committee as per the statutory guidelines.
- 2. Your Service will be governed by rules and regulations laid down by the Dr D Patil Pratishthan from time to time.
- 3. Your appointment order is from 20/09/2021 and will be continued subject to your performance, recommendation of your superiors and based on improvement in student feedback report of External and Internal authority.
- You will be paid salary in the pay band of Rs. 37400-67000.
- 5. In addition to your academics, it is mandatory for you to complete all the co-academic administrative tasks assigned to you from time to time by the Head of Institute and your Head of the Department.
- You will not indulge in any anti-Institutional or anti-Management activities
- 7. If you are found absent continuously for more than seven days without prior written permission of Head of Institute, your services will automatically stand terminated
- 8. The nature of your appointment calls for a full time engagement with the College/Institute. So in order to avoid conflict of interest, it does not permit you to indulge in any external business or consultancy se without prior written permission of the concerned authority

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- Your services are transferable to any other relevant Department / College / Institute run by Dr. in N.
  Patil Pratishthan at any time during service period without any notice.
- 10. You shall not disclose or part with any information in any form whatsoever, related to the College/Institute/ Pratishthan and its activities, while in service or even after ceasing to be on the pay rolls of the Institute/ College.
- 11. Your personal and professional details provided by you to the College / Institute will be treated as authentic and used for all the purposes. It will be your responsibility to keep updating in writing to the College / Institute.
- 12. During the period of your service you shall not directly or indirectly involve in such things which are subversive to the interests of College / Institute/ Pratishthan / University / Stake holders etc. Or e se it will be treated as misconduct on your part liable for appropriate disciplinary action.
- 13. You have to communicate your written acceptance to the Head of the Institute within seven days roun the date of receipt of this Appointment order, failing which, your appointment is liable to be cancelled.
- 15. You are not entitled for all benefits accrued to the Permanent faculty as your appointment is perely on temporary basis.
- 16. Your appointment may be terminated by, either side/ party, by giving one month notice or one month's basic pay (Basic + AGP) in lieu of notice period.
- In case of violation of any terms and conditions mentioned above, you will be liable for appropriate disciplinary action.

Record Order

Vice - President

## ACCEPTANCE

as HOD in Diploma to Pharmery have read the complete appointment order & hereby unconditionally accept to abide by all the terms and conditions mentioned above.

Signature - C + 12

Name - Dz Chandespenblu M. Jamense

Date- 21 - 03 - 25 - 1