

Dr. D. Y. Patil Pratishthan's
Dr. D. Y. Patil College of Pharmacy

Dr. D. Y. Patil Educational Complex, Sector - 29, Pradhikaran, Akurdi, Pune - 411 044,

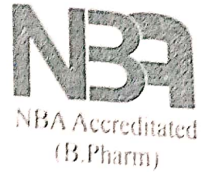
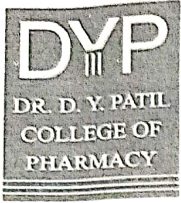
Tel: 020-27641680, Tel.Fax: 020-27656141,

e-mail : info@dyppharmaakurdi.ac.in Web : www.dyppharmaakurdi.ac.in

Approved by : All India Council for Technical Education,
New Delhi and Pharmacy Council of India, New Delhi.

Recognized by : Government of Maharashtra.

Affiliated to Savitribai Phule Pune University, Pune.



Dr. Sanjay D. Patil
President

Dr. D. Y. Patil
Founder

Shri. Satej D. Patil
Vice-President & Chairman

Dr. N. S. Vyawahare
Principal

Ref. No.: DYPCOP/ 980/2017

Date : 31/8/2017

To,
Ms. P. Navya Krishna
Rudra, Flat No.101,
Samarth Plaza, Chinchwad,
Pune - 411033

Subject: - Appointment to the Post of "Asst. Professor" (Adhoc) in Pharmaceutical Chemistry at Dr. D.Y. Patil College of Pharmacy, Akurdi, Pune - 411 044


With above reference I am pleased to inform you that the Management has appointed you as Asst. Professor (Adhoc) in Pharmaceutical Chemistry at Dr. D. Y. Patil College of Pharmacy, Akurdi, Pune-411 044 on full time basis with effect from 03/08/2017. Your appointment is subject to the following terms and conditions:

1. Your appointment is on full time basis for a period from 03/08/2017 to 31/05/2018. Your appointment will be continued beyond 31/05/2018 subject to your performance and recommendation of your superiors and based on improvement in student feedback report of External and Internal authority in the academic year 2017-2018.
2. You will be paid Consolidated Salary of Rs.18,000/- (Rs. Eighteen Thousand only) per month.
3. You are required to undertake the teaching / Project guidance / research load as per College / AICTE / Savitribai Phule Pune University norms.
4. You are required to give the correct mailing address as soon as you join the duties and any change in the address given earlier should be communicated to the Principal. It will be presumed that any letter sent by Registered post acknowledgement due (RPAD) on the address given, shall be deemed to have been acknowledged duly signed by you.
5. You will not engage yourself in any other job paid full-time, part time or otherwise, during the continuance of your service, without the permission of the competent authority / management / Pratishthan.
6. You shall not involve directly or indirectly with any of your students for anything which is beyond the scope of your duties / responsibilities as a teacher, including unfair means.

P.T.O



7. During the period of your service you will not indulge directly or indirectly in such things which are subversive to the interests of the Pratishthan / College.
8. You shall not involve directly or indirectly in any financial matters and matters pertaining to admissions of the students to the various Institutions / College at any stage.
9. All information document etc. to which you have access during the course of your service with us, are confidential of Pratishthan / College. You will not disclose any such information to any third party, either in the Pratishthan / College or outside.
10. If you are found absent continuously for more than Eight days without permission your services will stand terminated automatically. If you are found guilty of violation of any terms and conditions mentioned above you will be liable for disciplinary action and punishment decided by the management / Pratishthan as provided for in the statutes.
11. Your services are transferable to any other college / Institutions run by the Pratishthan.
12. Your appointment may be terminated at any time, by either side/party, by giving one month notice or one month's pay in lieu of notice period in case the period spent in service is more than six months.
13. You have to communicate your acceptance to the Pratishthan / College within seven days from the date of receipt of this Order of Appointment, failing which your appointment is liable to be cancelled.


Satej D. Patil
Vice – President & Chairman

The above terms and conditions are acceptable to me.

Name:-

Signature:-

Copy to :- 1) The Principal, Dr. D. Y. Patil College of Pharmacy, Akurdi, Pune -411 044
2) Account Section
3) Guard file