



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. : 020-27656141, 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  
Pharmacy Council of India, New Delhi. Recognized by : Government of Maharashtra  
Affiliated to Savitribai 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/54/2019  
Date : 29/6/2019

To,  
Mrs. Pooja S. Pawar  
B-2, C-209, Sonigara Kesar,  
Kaspate Wasti, Wakad,  
Pune-411058

**Subject:- Appointment to the Post of "Assistant Professor" 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 Assistant Professor at Dr. D. Y Patil College of Pharmacy, Akurdi, Pune- 411 044. You will be paid salary in the Pay band Rs. 15600-39100 with effect from 01/07/2019.

Your appointment is subject to the following terms and conditions:-

1. Your service will be governed by the Maharashtra University Act, 1994, and rules and regulations laid down by the Savitribai Phule Pune University and State Government and accepted by Dr. D. Y. Patil Pratishthan from time to time.
2. Your appointment is on full time basis from 01/07/2019 and will be continued subject to your performance and recommendation of your superiors and based on improvement in student feedback report of External and Internal authority.
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.

  
Shri. Satej D. Patil  
Vice - President & Chairman

The above terms and conditions are acceptable to me.

Name:- Pooja S. Pawar

Signature:- 

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