



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/125C/2015
Date : 15/9/2015

Mrs. Sarika Ankushrao Nikam.
C/O Navdeep Deshmukh,
G -9 Flat No 503, Gandharv nagari
Moshi. Pune

Subject - Appointment to the Post of "Assistant Professor" at Padm. Dr. D.Y. Patil College of Pharmacy, Akurdi, Pune-44


With above reference I am pleased to inform you that the Management has appointed you an Assistant Professor at Padm. Dr. D. Y. Patil College of Pharmacy, Akurdi, Pune-411 044, on full time basis with effect from 15/09/2015.

Your appointment is subject to the following terms and conditions:

1. Your appointment is on full time basis from 15/09/2015 and will be continued subject to your performance, recommendation of your superiors and based on student feedback report of External and Internal authority.
2. You will be paid salary in the pay band of 15600 – 39100.
3. Your appointment is for the workload prescribed for the post by the University.
4. You are required to undertake the teaching/project guidance/research load as per PCI / AICTE / Savitribai Phule Pune University
5. You will continue to acquire higher qualification for further eligibility as per laid down conditions by Savitribai Phule Pune University/AICTE/UGC.
6. You should submit the originals as well as certified true copies of relevant testimonials such as birth date certificate, mark-sheets, experience certificate, caste certificate change of name certificate (if any) before joining your duties.
7. You shall undergo medical examination by the approved Medical Officer or by Civil Surge at the place of your duty, within three months from the date of joining the duties. Till the time your appointment shall be provisional and conditional.

P.T.O

8. You will not conduct or engage yourself in private coaching classes. You will not engage yourself in any other job paid full-time, part time or otherwise, during the continuance of your service with the college.
9. You are required to give the correct mailing address as you join the duties and any changes in the address given earlier should be communicated to the Pratishthan. It will be presumed that any letter sent by Registered Post Acknowledgement is duly signed by you.
10. All other terms & conditions of your service will be as per the rules framed by the College / Pratishthan office/ AICTE & Savitribai Phule Pune University from time to time and in force.
11. Your services are transferable to any other College/Institution run by the Pratishthan.
12. Your appointment may be terminated at any time by either party by giving one month's notice or month's pay in lieu of notice period in case the period spent in service is more than six months.
13. 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. During the period of your service you shall not directly or indirectly do such things which are subversive to the interests of the Pratishthan / University / Institute / College / Students.
14. You will perform your duties as specified in enclosure and also will be held responsible for the acts specified in it. You will make a brief report through HOD/ Principal to the Pratishthan office on your performance at the end of every academic year.
15. You have to communicate your acceptance of the order 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.


Col S K Joshi
Campus Director

The above terms and conditions are acceptable to me.

Name:- Mr. S. A. Nikam

Signature:- 

Date:- 15/9/15

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