



PRIYADARSHINI J. L. COLLEGE OF PHARMACY

(Formerly known as J. L. Chaturvedi College of Pharmacy)

Electronics Zone Building, MIDC, Hingna Road, Nagpur-440016 (M.S.) India

Tel No: +91-7104 - 299510

E-mail: principal@pjcp.edu.in, ilccprps@gmail.com • Website: www.pjcp.edu.in

Accredited with Grade B** by NAAC

Institute Code: DTE 4265 & RTMNU 265



5.2- Student Progression

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5.2.1 Details of outgoing students placed and/or progressed to higher education for the year 2019-20

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Principal



LOKMANYA TILAK JANKALYAN SHIKSHAN SANSTHA'S
PRIYADARSHINI J. L. COLLEGE OF PHARMACY

(Formerly called: J. L. Chaturvedi College of Pharmacy)

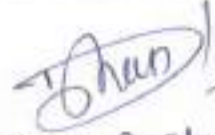
Electronics Zone Building, MIDC, Hingna Road, Nagpur-440016 (M.S.)

Tel. & Fax No. +91-7104-299510, E-mail jccp_ngp@rediffmail.com, Website www.jccp.itss.net

(Approved By AICTE & DTE, New Delhi; Affiliated to R.T.M. Nagpur University Nagpur)

List of Students Placed during academic year 2019-2020

Name of student placed and contact details	Name of the employer with contact details	Pay package at appointment
Aman Jain/8983134076	Self-Business/ 8983134076	2.5 Lakh Per Anum
Amit Niranjane/88888898792	Hospital Pharmacist, Wockhardt	2.4 Lakh Per Anum
Arti Pandey/	Business Process services, TCS Limited mumbai	2.4 Lakh Per Anum
Azharbaig Mirza/	QC excecutive Unijules Life sciences, Kalmeshwar Nagpur / Phone : 9158990534	1.8 Lakh Per Anum
Chitra Rokde/9552675561	Zim Lab, Kalmeshwar/ Phone : 7122981960	1.8 Lakh Per Anum
Kaustubh Dhande/	Trainee, Tata Consultancy Services (TCS) limited, Nagpur / Phone : 7970858861	2.16 Lakh Per Anum
Shubham Naikwade/9420021271	Marketing	2.5 Lakh Per Anum
Suyash Kherkar/7058247347	Marketing	2.5 Lakh Per Anum
Temeshwari Shahu/9112760566	Pharmacist	1.8 Lakh Per Anum
Vipul Shrawane/7030296142	CDM	2.5 Lakh Per Anum


Dr. D. R. Chaptle
(Principal)
PRINCIPAL
Priyadarshini J. L. College of
Pharmacy, Nagpur.

Proof of Documents for Placement

2019-20



WHO-GMP AND ISO 9001-2015 CERTIFIED COMPANY

ARCO LIFESCIENCES (INDIA) PVT. LTD.

Factory & Regd. Office :-

C-88, MIDC, HINGNA, NAGPUR - 440016 • Ph. : (F) : (Telefax) 07104-237046, +91-9665824045
(M) : 9373102716, 8983710528 (Dr. N. D. Agrawal)

Website : <http://www.arcolifesciences.co.in> • E-mail : arcolifesciences@yahoo.co.in

ARCO/2020-21/

Date: 01/03/2021

To,
Mr Abhijeet S Kukde
297, Hudkeshwar Road,
Saurbandhe
Nagpur

Ref: Your Application for the position of Production Chemist

Subject.: Appointment Letter

Dear Mr Abhijeet,

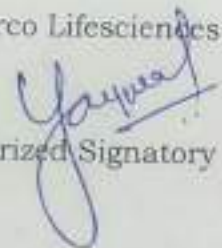
With reference to your application for the position of Production Chemist, we are pleased to inform you that have been appointed for a position in our organization as a **Production Chemist**.


You will be on a Probation period for 1 year. The duty timing will be from 9:00 AM to 6:30 PM on all working days with a weekly off on Wednesdays.

Please indicate your acceptance by returning a signed copy of this letter.

Looking forward to having you on our team and Wishing you a successful career ahead.

For Arco Lifesciences (I) Pvt. Ltd


Authorized Signatory

Accepted by - 

Name: Abhijeet S. Kukde

Date: 01/03/21

**PRIYADARSHINI J. L. COLLEGE OF PHARMACY**

(Formerly known as J.L. Chaturvedi College of Pharmacy)

Electronic Zone Building, MIDC, Hingna Road, Nagpur - 440 016 (M.S.) India

Tel. No.: +91 - 7104 - 299510

E-mail : principal@pjlep.edu.in, jlccpnp@gmail.com • Website: www.pjlep.edu.in

Accredited with Grade B++ by NAAC

Institute Code - DTE 4265 & RTMNU 265



Ref. No. : PJLCP/2022-23/ 4081 21

Date :01/10/2022

APPOINTMENT ORDER


To,
Mr. Abhinav Bais
Nagpur - 440016

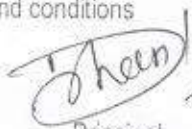
Subject: Appointment to the Post of Assistant Professor in Pharmacy at Priyadarshini J.L. College of Pharmacy, Nagpur

With reference to your application & personal interview, I am pleased to inform you that you have been appointed to the post of Assistant Professor in Pharmacy in Priyadarshini J.L. College of Pharmacy (Hindi Linguistic Minority), Nagpur subject to the following terms and conditions.

1. You will draw a Basic salary of Rs. 15600/- pm in the scale of Rs. 15600-39100 with AGP of Rs. 6000/- plus usual allowances as permissible by the sanstha from time to time.
2. Your appointment shall not be applicable for the approval R.T.M. Nagpur University and will be continue subject to your satisfactory performance.
3. You will not have claim or preference for regular appointment unless your candidature is recommended by duly constituted selection committee before which you will have to appear for interview for regularization / approval of your appointment
4. Your appointment shall be liable for termination with one month notice or payment of gross salary in lieu their or during the period of appointment, without assigning any reason their of.
5. You will have to submit an undertaking at the time of joining regarding membership of professional bodies, refresher courses, improvement of qualification, publication of research papers and updating of your technical knowledge and teaching skills.
6. This being a full time appointment, you will not engage in private tuitions business nor shall accept any job from other organization without prior written permission from the management.
7. You will not associate with any such act of misconduct i.e detrimental to the prestige and smooth functioning of the institution as well as welfare of the students
8. In case of no teaching load situation or closure of discipline, your services will be liable for termination after giving appropriate notice for paying gross salary in lieu of the notice period
9. You will not resign your post during academic session in any case. In case, you desire to resign after the academic session, one month's notice or payment of gross salary in lieu of notice period shall be mandatory.
10. Although your appointment is initially with the above mentioned institution, your services when so required in exigency will be liable for transfer on equivalent post to any other institute managed by the sanstha.
11. You will abide by service rules and regulations framed, amended by the sanstha in addition to the prevailing statue and ordinances of the university from time to time. However rules framed by the sanstha shall be final.
12. You will join on or before 10/10/2022, failing which appointment order is liable to be cancel unless you obtain extension in writing from the Principal
13. You are requested to please sign a copy of this order and submit as an acceptance of all terms and conditions within 3 days from the receipt of this order.

ATTESTED TRUE COPY


PRINCIPAL
Priyadarshini J.L. College of
Pharmacy, Nagpur.


Principal
PJLCP

LOKMANYA TILAK JANKALYAN SHIKSHAN SANSTHA

INJECTABLE DIVISION

Works : D - 82, MIDC Area, Cross Road No. 4-A, Hingna, Nagpur-440 028 (M.S), India
Ph. : 07104-237733 -9764500091
Email : admin.d82@unijules.com
Website : www.contrastmedia.in



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UNIJULES[®]
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To,
Mr. Azharbaig Mirza
Krishna Nisarg, Teacher Colony,
Wanadongri,
Nagpur- 441110.

Date: 22/12/2020

Sub. : Offer Letter for the post of Jr. Officer Quality Assurance.

Ref. : Your Interview dated 13/12/2020.

Dear Mr. Azharbaig Mirga,

We are pleased to offer you the post of **Jr. Officer - Quality Assurance** in our organization. Your gross salary will be Rs. 10,000/- per month (Rs. Ten Thousand Only) with effect from **22/12/2020**.

You will be on training period for Six month from the date of joining. After completion of this period your competence will be reviewed. If found satisfactory you will be put on probation. You will be on a probation period for the Six Month.


You will report your duties to section incharge/ Department Head.

The appointment letter & clear job assignment will be issue in due course of time.

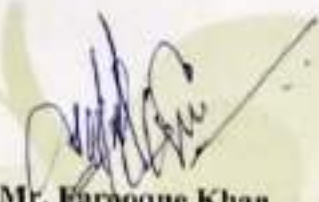
Wishing you a very long term mutual beneficial association with Unijules Group of Companies.

With Best Wishes,

For Unijules Life Sciences Ltd.,

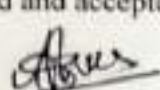

Mr. Murtaza Ali
C O O


Mr. Hakim Liva
V. P Technical


Mr. Farooque Khan
Asst.G.M/Personnel Office

Please sign and return the duplicate copy of this letter signifying your acceptance.

Received and accepted


Azharbaig Mirza

Ref. No. : DPU/Pharmacy/Est/822/30/2022

Date: 01/08/2022

To,
Ms. Dhanashree Wasu
13, Shanti Vihar Colony,
Opposite Hislop College,
Civil Lines, Nagpur - 440001

Subject: - Appointment for the post of "Assistant Professor" in Pharmaceutics.

With reference to your application, you were interviewed for the post of "Assistant Professor" and the authority is pleased to appoint you as "Assistant Professor" in "Pharmaceutics" at Dr. D. Y. Patil Institute of Pharmaceutical Sciences & Research, Pimpri, Pune - 18, on the following terms and conditions.

1. Your service shall be governed by the Maharashtra Public University Act, 2016, Statutes, Code of conduct, Ordinances and rules & regulations laid down by the Savitribai Phule Pune University, & Dr. D. Y. Patil Unitech Society, Pune (Hereinafter refer as society) from time to time.
2. Your appointment is for full time basis and Ad-hoc for the academic year 2022-2023 i.e. from 01/08/2022 to 30/06/2023.
3. You will be paid salary in the scale of Rs.57,700/- .
4. Your appointment is subject to the minimum number of students and the workload prescribed for the post from time to time. In case of reduction in work load, the institution shall have authority to terminate your services and you shall not claim any right for services after the said period.
5. You shall not claim to be regular / permanent employee of the institute at any time during the period of this contract or after termination thereof, in an manner whatsoever, and shall not claim automatic re-appointment to the said post after expiry of the period of contract and you will not be eligible for any retirement benefit.
6. Authorities reserves the right to add, alter, amend or change any of the any terms and conditions in part or in full with due notice.
7. You have to communicate your acceptance to the college / Institute within seven days from the date of receipt of this order of Appointment, failing which your appointment is liable to be cancelled.


(Dr. Somnath P. Patil)
Secretary

CC: 1) The Principal 2) Account Section 3) Personal File

Kindly see other Terms and Conditions back of this leaf, its part of above order.

Sant Tukaram Nagar, Pimpri, Pune - 411018, Maharashtra (India)

Tel. : +91-20-67116417, 27805292 / 93 • Email : info.pharmacy@dypvp.edu.in • Website : pharmacy.dypvp.edu.in



PRIVATE & CONFIDENTIAL

Kiran Dasharth Belsare
At colony Qtr No. 64/1 Tah-Saoner
Nagpur-441102
Maharashtra
INDIA

April 04,2022

Dear Kiran Dasharth Belsare

Welcome to IKS Health!

Subject: Offer Letter

With reference to your application, subsequent interview and discussions, we are pleased to inform that you have been selected for the position of **Associate** in Grade **12** in Department **Data Management & Abstraction** with our organization commencing from **April 13, 2022**

Your annual compensation will be INR **202500** /-. The details of the terms and conditions of the offer of employment are detailed in the enclosed annexures.

IKS Health is defined by an efficient and reliable culture that sets us apart. Our DNA, while evolving through various transformations, has still constitutionally been driven by the same core values. **Customer first** has been one such belief that influences every employee at IKS Health. We strive to understand our customer's need, staying ahead of the curve to deliver best-in-class service. Equally crucial, is our **ownership**, wherein our eyes stay on the end result without compromising on our quality, ethics and people. We draw our greatest strength by **caring** for our customers and our people. Hence, **collaboration** at workforce goes hand-in-hand with greater accountability, thereby creating responsible members at our workplace. As we redefine what business success means in the changing landscape, we believe in inculcating the spirit of **innovation** so that established systems and ways of doing things are constantly tested, questioned and disrupted. Continuous **learning** and the ability to take risks are fundamental characteristics that make us shatter boundaries.

These shared values and beliefs are the influencers of everyday work culture at IKS Health that has eventually built our ethos. It is what integrates us across technologies, platforms and geographies. We are proud of it and we eagerly welcome you to the IKS Health way of life.

This offer of employment is contingent upon you fulfilling the background verification process that the organization will conduct. We look forward to you joining us at our **Mumbai - Bldg 11** office on **April 13, 2022** Please keep your recruiter informed, in case of advancement in the joining date. Pursuant to its business needs, IKS Health retains the right to revise the commencement date of your employment with IKS Health. Please endorse your acceptance, within the next two business days, by duly signing the duplicate copy of this letter on all sheets, including annexures, at the bottom on the right corner and return to the undersigned. Please refrain from soliciting other offers based on this letter as the same will be null and void if so used.

We wish you all the best.

Thanking you,
For Inventurus Knowledge Solutions Pvt. Ltd.
HR Team
I accept the above offer on the terms indicated.

Signature

Date

Kiran Dasharth Belsare



Annexure I

	Annual	Monthly
Basic	114000	9500
HRA	11400	950
Special Allowance	35294	2941
Statutory Bonus	8400	700
Provident Fund	18925	1577
Gratuity	5483	457
Insurance	3505	292
ESIC	5495	458
Total CTC	202502	16875

Thanking you,

For Inventurus Knowledge Solutions Pvt. Ltd.
HR Team

I accept the above offer on the terms indicated.

Signature

Kiran Dasharth Belsare

Date

Annexure II

Please note that you are required to carry the following original documents along with 2 photocopies of the same, on the day of joining

Sr. No.	Particulars	Documents
1	Education Certificates	SSC, HSC, Graduation and Post-Graduation
2	Work experience Certificate / Relieving Letters	Work experience/Relieving Letters of the Last two companies
3	Address Proof	Either one of the following: <ul style="list-style-type: none"> • Latest months Electricity Bill • Latest months Landline Bill • Rental Agreement of address provided • Ration Card • Passport Copy • Aadhar card
4	Photo ID Proof	Either one of the following: <ul style="list-style-type: none"> • Pan Card • Passport • Aadhar card
5	Salary Slips	Last 3 months Salary slips from previous employer
6	Photographs	4 copies
7	Name Change (if applicable)	Marriage Certificate or any other relevant document
8	Proof of resignation from previous employer	In case you are not able to submit the relieving letter of your last company on the day joining you need to submit the resignation acceptance mail or letter.



Annexure III

TERMS OF EMPLOYMENT

Your employment at IKS Health (also referred to herein as the "Company") will be governed by the IKS Health policies as modified from time to time. Some of the more significant terms and conditions that currently govern your potential employment, are detailed below.

1. Hours of Work

- I. A working day shall comprise of nine hours.
- II. You may be required to work on a shift basis. Shifts may be scheduled across 24 hours a day, 7 days a week and 365 days a year, subject to applicable laws. Your shift timings may change from time to time which you will be notified in advance.

2. Place of Employment

During your employment with IKS Health, you will be liable to be transferred or deputed to any of the offices and/or departments of IKS Health or its Associates, Subsidiaries or Group Companies, whether in India or overseas. In the event of transfer or deputation of your services your salary and other benefits will be determined in accordance with IKS Health policies prevalent at that time.

3. Salary and Benefits

- I. Your salary shall be reviewed on an annual basis depending on the date of joining and you shall be notified of the amount of your salary entitlement for the succeeding year, which shall depend upon your performance during the year. IKS Health reviews salaries at the end of every financial year, and employees who have joined the Company prior to 30th September of the applicable financial year are eligible for annual salary reviews in the respective cycle.
- II. Notwithstanding the provisions of Clause 3.i, you acknowledge that it is IKS Health policy to review the salary payable to its employees for successive financial years and such revised salary may be higher or lower than the salary received for the previous financial year depending upon the overall performance of the Company.
- III. In addition to salary, you may also be entitled to receive other benefits, such as annual performance pay up to a maximum of twenty percent of your CTC, as applicable under the relevant IKS Health policy. The Company shall, in its sole discretion, be entitled to amend, vary, and modify any of the terms and conditions of the policy with regard to the benefits that are offered to you. Please note, there are no guarantees to any such benefits and performance payments and amounts could be NIL depending on your performance, company performance, industry environment, etc.

a. Relocation Expenses

You are eligible for relocation expenses reimbursement as per the Company policy, provided your offer letter explicitly provides for the same. In the event of your separation within 12 months of joining IKS Health, this amount will be recovered or set-off from or against your Full and Final Settlement.

b. Leave Entitlement Policy

All employees are eligible for an annual paid vacation. Please refer to the employee handbook or contact the HR department for further details regarding the Company's leave and vacation policy

c. Travel

You may be required to travel, whether in India or overseas, in connection with office work at short notice. All expenses associated with any such travel, within the prescribed limits, will be reimbursed by the Company as per the relevant IKS Health policy.

4. Training

Your continued employment with IKS Health is contingent upon you completing, to IKS Health's satisfaction, all required training modules and tollgates, by whatever name they are called and whenever they are conducted by the Company. IKS Health in its sole discretion shall determine which training modules need to be completed and tollgates cleared (including clearance cutoffs/percentages) for any given position.

5. Termination

Your employment with IKS Health is "at will" and is subject to termination on:

- For IKS Margin/IKS Care/IKS Enabling in Grade 11 to 13 – For the 1st 90 days, 7 days of prior notice by either side is applicable. From the 91st day onwards, 1 month of prior notice by either side is applicable.
- For IKS Coding in Grade 11 to 13 – For the 1st 90 days, 7 days of prior notice by either side is applicable. From the 91st day onwards, 2 months of prior notice by either side is applicable.
- IKS Practice in Grade 11 to 13- Two months prior notice by either side
- Grade 8 to 10 – Two months prior notice by either side for IKS Margin/IKS Care/IKS Coding/IKS Enabling/IKS Practice
- Grade 2 to 7 – Three months prior notice by either side for IKS Margin/IKS Care/IKS Coding/IKS Enabling/IKS Practice

IKS Health reserves the right to, at its sole discretion, substitute the notice period by paying you salary in lieu of the notice period. For abundant caution, it is hereby clarified that you cannot waive the notice period requirement in the event you wish to terminate your employment with IKS Health, and that your termination/resignation letter (by whatever name it is called) will be accepted by IKS Health only on your satisfying the mandatory notice period as stated in IKS Health's HR handbook. Further, till such time as IKS Health accepts your resignation letter, you will be deemed to be an employee of IKS Health and the terms and conditions of your employment will continue to bind you. IKS Health shall have the right to



terminate your employment immediately without notice or payment in lieu of notice if:

- a. You neglect, refuse, fail or for any reason become unable to perform any of your duties under this agreement or comply with IKS Health policies and code of conduct
- b. You are guilty of any misconduct whether or not in the performance of your duties (including but not limited to being an undischarged insolvent, being convicted by any criminal court, being involved in fraudulent acts, etc.) or commit any act which in the opinion of IKS Health is likely to bring IKS Health into disrepute whether or not such act is directly related to the affairs of IKS Health;
- c. You commit any breach of any of your duties or obligations under this agreement or the policies of IKS Health; or
- d. There is a discrepancy in the copies of the documents/certificates given by you as proof in support of the information provided by you.

In the event of termination under Clause 7, you shall not be entitled to any benefits whatsoever.

6. Retirement

Your age of retirement from the service will be on completion of sixty years. However, you may opt for voluntary retirement at any age before sixty years during your services in the Company if you are unable to continue in service satisfactorily. The actual date of retirement shall be the last working day of the calendar month in which your 60th birthday falls.

7. Mode of Communication

For any service of notice or communications of any kind, you will be informed by email or ordinary post at the address given by you at the time of your employment or such other address as may be intimated by you to the Company thereafter.

8. Confidentiality

- a. You agree at all times during the term of your employment and thereafter:
 - i. To hold Confidential Information, as defined below, in strictest confidence, and not to use or attempt to use the same, except for the benefit of IKS Health and
 - ii. Not to disclose or divulge Confidential Information to any person or entity without written authorization of IKS Health.
- b. You agree to return to IKS Health all proprietary information, including copies on paper, hard drive, disk, tape and other media, upon completion or termination of any project or upon cessation of your employment with IKS Health. You further agree to return all IKS Health electronic devices, such as laptops, computers, mobile phones, wireless electronic mail devices, hard drives and any other equipment issued to you, with all information stored on such devices at the time of issuance and/or created by you thereafter, as part of your employment, intact.

For the purposes of this Clause, "Confidential Information" means any of IKS Health's proprietary or confidential information, technical data, trade secrets or know-how, whether (oral or written or in electronic format, tangible or intangible and whether marked confidential or not), including but not limited to, research, business plans, products, product improvements, business / knowledge processes and process documents, services, projects, proposals, all work produced or performed by you during your engagement with IKS Health, whether during normal working hours or not, computer programs, documentation, customer lists and customers (including, but not limited to, customers of IKS Health with whom you become acquainted), customers data, software, improvements and developments, inventions, formulas, technology, designs, drawings, engineering, marketing, distribution and sales methods, sales and profit figures, finances, techniques, strategies, discoveries, the title and description of any patents or patent applications filed by IKS Health in any country or jurisdiction (until the same is generally available to the public), and any other business information of IKS Health including its business plans, practice methodologies and technologies (including computer software), training materials, personnel information, client lists and information regarding the business needs, strategies and technologies of present and prospective clients and internal Company publications, whether directly or indirectly, or by drawings or inspection of documents or other tangible property and all information that comes to your knowledge which would but for this employment would not have been accessed by you. Confidential Information however shall not include knowledge, skills or information which is common to the business of IKS Health or which is generally known outside IKS Health. You understand that retaining the confidential nature of Confidential Information is of utmost importance to the business of IKS Health and in addition to the terms stipulated in this agreement herein you agree to execute and deliver a Non-Disclosure Agreement with IKS Health.

9. Intellectual Property

- a. Except as otherwise may be agreed by IKS Health in writing, in consideration of your employment and free of any additional obligations of IKS Health to make additional payments to you, You hereby agree and irrevocably assign to IKS Health any and all right, title and interest, both in equity and law, in any/all inventions, software, manuscripts, documentation, improvements or such other intellectual property, whether or not protectable by any national or state laws relating to the protection of intellectual property, relating to the present or future business of IKS Health that may be developed by you prior to the termination or cessation of your employment with IKS Health or within 12 months from the last working day with IKS Health, either alone or jointly with others, and whether or not developed during normal business hours or arising in the scope of your duties of employment with IKS Health.
- b. You hereby declare and undertake that all such inventions, software, manuscripts, documentation, improvement or other intellectual property shall be and remain the sole and exclusive property of IKS Health. You further undertake and agree to execute such further documentation and/or declaration, as IKS Health may consider appropriate to vest and/or perfect any/all right, title and interest of IKS Health.
- c. This provision does not apply to an invention for which no equipment, supplies, facility, trade secret, or confidential information of IKS Health was used and which was developed entirely on your own time, unless the invention relates (i) directly to the business of IKS Health, or (ii) to IKS Health's actual or demonstrably anticipated research or development or the invention results from any work performed by you for IKS Health
- d. You agree that all services performed by you for IKS Health shall be original work and shall not incorporate any third party materials or work in which you or any third party asserts an ownership interest without the express written consent of IKS Health

10. Data Privacy Compliance Policy

You consent to the terms and conditions of the Data Privacy Compliance Policy as stated below:

- a. The collection and processing of sensitive personal data about you to the limited extent and for the purposes described in the Data Privacy Compliance Policy;
- b. Worldwide transfer of personal data held by IKS Health about you, including to other employees and offices of IKS Health's worldwide organization and to third parties where disclosure to such third parties is required in the normal course of business or by law; and use of your personal images and voices in marketing material, videos, etc.
- c. The reference to information "about you" includes reference to information about third parties associated with you, such as your spouse and children (if any), whose consent is provided to IKS Health by you on their behalf. The reference to "sensitive personal data" may be understood to include reference to the various categories of personal data identified by the United States, European and Other applicable data privacy laws as requiring special treatment, including in some circumstances, the need to obtain explicit consent. These categories comprise personal data about racial or ethnic origin, political opinions, religious or other similar beliefs, trade union membership, physical or mental health, sexual life or criminal record.
- d. In addition, you agree to treat any personal data to which you have access in the course of your employment strictly in accordance with this Data Privacy Compliance Policy and other IKS Health policies and procedures. In particular, you will not use any such data other than in connection with and to the extent necessary for the purposes of your employment.



11. Restrictive Covenants

You will not, during your employment and for a period of two (02) years from the date of termination or cessation of your employment for any reason:

- a. Directly or indirectly engage in a business in India or the United States that develops integrated solutions or that otherwise provides products or services that are the same or similar to those provided by IKS Health.
- b. Directly or indirectly solicit any customer, vendor or contractor of IKS Health with regard to any products or services comparable or competitive to those provided by IKS Health.
- c. Directly or indirectly solicit any person, corporation or entity that during the 12 month period prior to your termination or cessation of your employment conducted business with IKS Health or had been solicited for business by IKS Health, with regard to any products or services comparable or competitive to those provided by IKS Health.
- d. Directly or indirectly solicit any person, corporation or entity who does business with IKS Health and with which you had contact or obtained pricing, contract or other confidential information at any time during your employment with IKS Health, with regard to any products or services comparable or competitive to those provided by IKS Health.
- e. Directly or indirectly solicit any employee of IKS Health to interfere with Company's business or to exit employment with IKS Health.
- f. Directly or indirectly solicit any employee of any information technology or other contractor engaged in product or service design, development, production, or deployment for IKS Health to interfere with Company's business or to exit their engagement.

You further acknowledge that:

- a. The foregoing restrictions are reasonable in light of the market dynamics, environment and nature of the products and services that IKS Health provides.
- b. IKS Health has legitimate business reasons for requiring such restrictive covenants.
- c. You understand the restrictions and have had an opportunity to fully discuss these restrictions with IKS Health and accepts these restrictions and
- d. In the event your employment with IKS Health terminates for any reason, you will be able to earn a livelihood without violating the foregoing restrictions and that your ability to earn a livelihood without violating such restrictions is one of the material conditions of your employment with IKS Health.

12. Representation and Warranty

You represent and warrant that your joining IKS Health will not violate any agreement to which you are or have been a party to. You represent and warrant that you will not use or disclose any confidential or proprietary information obtained from a third party prior to your employment with IKS Health. You represent and warrant that you will comply with all IKS Health's applicable policies and standards and shall perform your services in a manner consistent with ethical and professional standards of IKS Health. You represent and warrant that you possess all the requisite certificates, licenses, permits, work visas, clearances to be able to lawfully perform the services.

13. Indemnification

You agree to defend, indemnify and hold harmless IKS Health and all of its officers, directors, employees, successors and assigns from and against any and all third-party claims, demands, actions, suits, losses, liabilities, (including taxes), and all related costs and expenses, including without limitation reasonable attorneys' fees (collectively "Losses") due to, arising from or relating to your breach of any of your obligations contained in this Terms of Employment.

I HAVE READ & UNDERSTOOD THE ABOVE ACKNOWLEDGEMENT AND AGREE TO BE BOUND BY ITS TERMS

Signature of Employee

Approved and Released by
The Talent Acquisition Team*
For Inventurus Knowledge Solutions Private Limited
(*This is an electronically generated document and hence not signed)



Annexure IV

Information Declaration Form

To Whom It May Concern:

I Kiran Dasharth Belsare

I hereby authorize **Inventurus Knowledge Solutions Pvt. Ltd.** and/or or their authorized representatives and contractors to verify information presented on my employment application/resume and to procure an investigative report or consumer report for that purpose.

I hereby grant authority for the bearer of this letter to access or be provided with full details

- § Of my previous employment record held by any company or business for whom I previously worked. This information should include the dates of employment; the nature of the position held, [details of my salary upon departure] and an appraisal of my performance, capabilities and character. In addition, please provide any other pertinent information requested by the individual presenting this authority. I hereby release from liability all persons or entities requesting or supplying such information.
- § of my qualification/degree (copy of my certificates attached)
- § information in respect to my character from the records maintained by local authorities
- § Of any other pertinent information requested by the Authorized Party, including but not limited to my Permanent Account Number (PAN), ADHAR Card Number and the associated documentation

Signature
Kiran Dasharth Belsare

Date



Shri. Dadasaheb Gawai Charitable Trust, Amravati
**KAMALPRAKASH PHARMACY COLLEGE
AND RESEARCH CENTRE**

📍 Kherda (Khurd) Tq. Karanja (Lad) Dist. Washim - 444 107

Approved by : AICTE, New Delhi & DTE, Mumbai • Affiliated by : MSBTE, Mumbai • Estd. 2016 • DTE Code : 1281 • Institute Code : 1797

☎ : 07256 - 200000, 9049366246 📧 : 1797principal@msbte.com 🌐 : www.kamalpharmacy.org

Ref No. KPPC/APP. Letter/2021-22/835 (B)

Date: 01/01/2022

To,

Ms. Kusam R. Rajbhar
At. Po. Walni Mines,
Tah. Saoner, Dist. Nagpur.

Subject: Letter of appointment.

Dear Sir,

With great pleasure this is to inform you have been appointed as a **Asst. Prof.** at Kamalprakash Pharmacy College and Research Centre, Kherda (Khurd), TQ. Karanja (Lad), Dist. Washim- 444107. Your appointment is subject to the terms and conditions of AICTE and PCI.

Your Salary will be in accordance with the PCI norms as varied from time to time, in the pay scale for Rs 15600-39100 - AGP 6000 from the date of your joining.

Your appointment will be on probation for the period of one year from the date of joining. You will have to undergo medical examination through registered medical practitioner not below the rank of M.B.B.S within one month from the date of your joining for submission of fitness certificate.

We are happy to have as a part of our team and wish you the best of luck in your job.

Received.
Kusam

[Signature]
Principal
Kamalprakash Pharmacy College
& Research Centre, Kherda



Parexel International India Safety Services Private Limited

(A Parexel Company - previously known as Lipient Software India Private Limited)

3rd Floor, 5B, RMZ Ecoworld Infrastructure Pvt.Ltd SEZ, Devarabeesanahalli Village, Marathahalli

Sarjapur Road,

BENGALURU 560 103, Karnataka, INDIA

Tel: +91 80 6772 3000

www.Parexel.com

06-Sep-2022

PXL-BAN/ISS-CCS-FY22-3933

Payal Gopal Bahadurkar

Plot N O.21, Sahakar Layout, Oppt. Y.C.C.E College Gate, Near Green Park Apartment, Wanadongri Hingna Road, Nagpur-441110

ybahadurkar@gmail.com

Subject: Offer cum Appointment Letter (the "**Appointment Letter**")

Dear Payal Gopal Bahadurkar,

We are pleased to offer you the position of Junior Regulatory Affairs Associate. Your date of joining and commencement of employment is 26-Sep-2022 and your place of work will be **Bangalore**.

Your compensation is indicated in the Compensation & Benefits worksheet attached as Annexure B. This appointment is subject to the Terms and Conditions of Employment and the Employee Confidentiality, Invention & Non-Solicitation Agreement, attached as Annexure A and C respectively.

Please confirm your acceptance of enclosed Terms and Conditions of Employment and the Employee Confidentiality, Invention & Non-Solicitation Agreement, by countersigning a copy of this letter below.

On behalf of the Company, I wish you every success in your position and trust that our relationship will be long and mutually rewarding.

Yours sincerely,

For 1785 - Parexel International India Safety Services Private Limited

Ranjit Dadigela

Senior Director, Talent Acquisition

Enclosures:

Annexure A - Terms and Conditions of Employment

Annexure B - Compensation & Benefits

Annexure C - Employee Confidentiality, Invention & Non-Solicitation Agreement

Annexure D - List of essential documents

CC: Payroll / Personnel File

I hereby acknowledge the above and confirm:

Payal Gopal Bahadurkar

Date:

Annexure A

TERMS AND CONDITIONS OF EMPLOYMENT

1. DATE OF APPOINTMENT

- (a) Your appointment is effective from the date of joining as mentioned in your Offer-cum Appointment Letter.
- (b) This appointment is conditional and subject to satisfactory and positive clearance of specific background check on you. You agree that the Company reserves the right to withdraw the appointment letter or terminate your employment as the case may be, without further notice and any liability, if such clear and positive background check is not obtained. The results, if negative shall be conveyed to you. However, the decision of the Company in regards to background check shall be final and binding on you.

- (c) Probation

You shall be on probation for a period of six (6) months commencing from the date of your joining ("Probation Period"). During the probation period you will be eligible for benefits in accordance with relevant Company policies. This Probation Period may be reduced or extended at the absolute discretion of the Company. Your appointment will be deemed confirmed upon the end of the Probation Period and a separate letter will not be issued, unless otherwise communicated to you in writing for reasons not limited to performance and/or discipline.

2. TERMS AND SCOPE OF EMPLOYMENT

- (a) You will be employed in the position as mentioned in your Offer-cum Appointment Letter.
- (b) As discussed, and agreed with you, the detailed description of your job and the nature of your duties will be given to you on the date your employment commences. You acknowledge and agree that your job description and the nature of your duties may be changed by the Company in its absolute discretion based on the Company's need, which you agree to accept.
- (c) Your place of work will be in the location mentioned in your Offer-cum Appointment letter, or any such other location, including the premises of the Company's customers, as the Company may designate from time to time. The Company may change your place of work, in its absolute discretion, to another location. In the event your place of work is moved to another city, the Company will provide you with relocation assistance in accordance with relevant Company policy.
- (d) While you are in the employment of the Company, you would be governed by the Employee Confidentiality, Invention & Non-Solicitation Agreement, which is annexed as Annexure B.
- (e) You will retire from the Company at the age of 60 years. For determination of age, the details in the documents furnished by you and verified by the Company at the time of joining, will be deemed to be final and binding.

3. DUTIES & RESPONSIBILITIES

- (a) You agree that, during your employment with the Company you must:
 - (i) perform to the best of your abilities and knowledge the duties assigned to you by the Company from time to time, whether during or outside business hours and at such places as the Company requires;
 - (ii) serve the Company faithfully and diligently to the best of your ability;
 - (iii) use all reasonable efforts to promote the interests of the Company;
 - (iv) act in the Company's best interests;
 - (v) comply with all lawful directions of the Company from time to time;
 - (vi) effectively carry out all duties and responsibilities assigned to you by your manager and others authorized by the Company to assign such duties and responsibilities.
- (vii) comply with all laws applicable to your position and the duties assigned to you; and



(b) During the course of your employment with the Company, you are required to devote your full time and attention during working hours to the performance of your duties. You must not, at any time during your employment (either during working hours or outside), except with the Company's prior written approval, undertake any work, or be in any way concerned or be interested in any business or activity which may, in the Company's opinion, adversely affect the proper performance of your duties, the Company's business or its reputation.

(c) You confirm that you are not currently subject to a non-compete, confidentiality or any other employment agreement that would interfere with your ability to work for the Company in the position offered. You agree that this position is full-time employment and that you will not provide services for remuneration other than to the Company without the prior written consent of the Company or be interested in any outside activity which could cause an actual or potential conflict of interest with the Company. All conflicts or potential conflicts of interest must immediately be disclosed by you to your manager and/or Human Resources team. It is a condition of your employment that you disclose any such conflicts before you join the Company and that you disclose any others that arise during your employment.

4. COMPENSATION & BENEFITS

(a) Your current total compensation per annum (CTC) is attached hereto and incorporated herein as **Annexure B**, which will be payable in accordance with applicable laws, rules and regulation and net of statutory deductions.

(b) Benefits as applicable are subject to modification, suspension, substitution or discontinuation at the Company's sole discretion.

(c) Statutory Benefits

You will be eligible to Provident Fund benefits as per applicable statutory laws and Company policy. You will also be eligible to Gratuity benefit as per applicable statutory laws and the Company's policy.

(d) Discretionary Benefits

The Company may, at its discretion, from time to time provide you with other benefits. The Company may cease providing these benefits or change the basis on which it provides them at its discretion, and you do not have an entitlement to continue to receive these benefits or to receive any other payment or benefit in lieu.

Should you be opting for a flexible work arrangement, the necessary provisions will be extended to you in line with the policy. Please refer to the employee handbook for additional information.

Unless you are advised in writing that a benefit or item of compensation is part of your CTC, it will be a discretionary benefit to which this clause applies.

(e) Discretionary Bonus

You will be entitled to participate in the Company's discretionary bonus plan as applicable to your position from time to time. The payment and amount of any bonus is subject to the rules of the bonus plan at the time. Notwithstanding the above, the Company may rescind, change or replace the terms of the bonus plan at its sole discretion.

5. LEAVE, NATIONAL & PUBLIC HOLIDAYS

(a) You will be entitled to leaves in accordance with the Company's Leave Policy in place from time to time, subject to applicable law.

(b) You are entitled to public holidays in accordance with the local laws of the state as per the location of working mentioned in the Appointment letter.

(c) Please refer to the employee handbook for detailed provisions of Company Leave Policy.

(d) Upon termination of your employment for any reason whatsoever, any outstanding accrued vacation shall be paid to you as per the policies of the company and applicable law.



6. HOURS OF WORK

You will be required to observe the working hours as prescribed by the Company from time to time. You acknowledge and confirm that due to business exigencies you may be required from time to time to work in excess of the normal business Hours or outside normal working days as necessary to perform your duties and responsibilities.

7. COMPANY POLICIES

(a) It is an express condition of your employment that you agree to uphold Parexel commitment to ethical business practices as detailed in Parexel's Code of Conduct and any associated documentation as amended over time. You will be covered by the Parexel Code of Conduct, a copy of which is available on Parexel's website and is subject to change from time to time. You are expected to read the Parexel Code of Conduct carefully and refer to the same at all times. By signing this letter you accept, understand and agree that you will complete such other process as determined by the Company, constituting your personal commitment to comply with the Parexel code of Conduct and other associated policies.

(b) You will be required to apply and maintain the highest standard of personal conduct and integrity and comply with Parexel's Code of Conduct, the terms of this letter and/or any other Company policies and procedures. Any violation of the same can result in disciplinary action being taken against you, which may result in termination of your employment with or without notice or compensation.

8. CONFIDENTIAL INFORMATION

(a) You acknowledge that during your employment you will have access to confidential and proprietary information regarding the intellectual property, customers, suppliers, agents and employees which is confidential or is commercially sensitive to the business of the Company and/or the Parexel Group, and therefore you will be required to sign the Employee Confidentiality, Invention & Non-Solicitation Agreement, attached to the Appointment Letter as **Annexure C**.

(b) Non-Compete

As you will have access to confidential and proprietary information regarding the customers and business of the Company and/or the Parexel Group, you agree that you will not be concerned, either directly or indirectly in any business lines/divisions outside of the Company or the Parexel Group during your employment which compete with or are likely to compete with the Company or the relevant business lines/divisions of the Company or a Parexel Group Company.

(c) The covenants in sub-clauses 8(b) above are for the benefit of the Company itself and for each Parexel Group Company. In the event of any breach of these covenants the Company and/or Parexel Group Company reserves the right to seek specific performance of these covenants including (without limitation) damages and/or injunctive relief

(d) You acknowledge and agree that the provisions of this clause are reasonable in their application to you and necessary but no more than sufficient to protect the interests of the Company and/or the Parexel Group Company.

9. DATA PROTECTION

(a) The Company processes personal data relating to its employees for a range of legitimate human resources, business, administrative and safety/security purposes.

(b) You agree that the Company may disclose your name, contact details, gender and such other information as is necessary to facilitate your enrolment in, and continuing membership of, any plan provided by or on behalf of the Company (including any pension plan). By signing these Terms and Conditions of Employment as part of your appointment you are also consenting to the processing of all such 'non sensitive data' and this will be deemed to continue whilst you remain a member of the plan(s). From time to time, you may also be asked to provide 'sensitive data' such as medical details and the like but you will be asked to specifically consent to the processing of such sensitive data at the time it is provided.

(c) The Company reserves the right to monitor the use of its resources, including use of email, the internet, the Company's intranet, your PC/laptop, telephone and/or any mobile phone issued to you.

10. COMPANY PROPERTY

On retirement, resignation and/or on termination of your employment (either immediately upon request or before the last day of employment at the latest, whichever is earlier) you are required to return to the Company all Company property



including any Company car, Company credit card, mobile phone, tablet (if applicable), your security pass and/or keys, computer, laptop plus hard and software (including discs), data in any form and all documents in whatever form (including notes and minutes of meetings), customer lists, diaries, address books, computer printouts, plans, projections, publicity material, brochures, price lists together with all copies (irrespective of by whom and in what circumstances such copies were made) which were in your possession or under your control.

11. DEDUCTIONS

(a) You agree that the Company may deduct from your compensation (including leave encashment, pay in lieu of notice etc.) any amounts, which are owed by you to the Company, or any other Parexel Group Company or any amounts in respect of damage to Company property caused by you or to replace Company property that you fail to return to the Company or which are required under any other Company policy, guideline or procedure or under the terms of this letter.

(b) You agree to inform the Company as soon as reasonably possible in the event of any overpayment of compensation or expenses and refund the same to the Company.

12. NOTICE & TERMINATION

(a) During the Probation Period, your employment may be terminated at any time:

(i) by you giving to the Company 1 month written notice; or

(ii) by the Company giving you 1 month' written notice or by paying you an amount equal to 1 month Gross Salary, less any applicable or required tax or other deduction.

(b) After the successful completion of the Probationary Period, your employment may be terminated at any time:

(i) by you giving to the Company 3 months' written notice; or

(ii) by the Company giving you 3 months' written notice or by paying you an amount equal to 3 months' Gross Salary, less any applicable or required tax or other deduction.

(c) You acknowledge and agree that the period of notice stated in **clause 12(b)** (or payment in lieu thereof) is reasonable notice of termination and no other notice requirements express or implied shall apply.

(d) Notwithstanding anything herein contained, your employment may be terminated immediately by the Company at any time without notice or payment in lieu thereof or any compensation whatsoever, if, among other things:

(i) false information is provided by you and the same is identified during reference and background verification checks;

(ii) you disobey a lawful direction of the Company;

(iii) you are guilty of any other serious misconduct and/or violation of the Parexel Code of Conduct or other Parexel's internal policies;

(iv) you commit any serious or persistent breach or non-observance of the terms, conditions or stipulations contained in this agreement, or are guilty of any negligence or misconduct in connection with or affecting the business or affairs of the Company;

(v) you breach your obligations under clauses 3(a) and 3(b)

(vi) you commit an act or acts in breach of the "Confidentiality, invention and non-solicitation Agreement" that you are required to sign in connection with your employment with the Company or the Parexel policies and procedures as they may exist from time to time;

(vii) you engage in conduct that could bring you or the Company into disrepute; or

(viii) your valid visa or immigration permission is revoked, cancelled or otherwise withdrawn or any renewal is refused, for any reason whatsoever, by the relevant Indian government authorities.



(e) Subject to applicable law, the Company may suspend you with pay while investigating any matter which the Company believes could lead to the Company exercising its rights or taking any other disciplinary action.

(f) Upon the termination of your employment for any reason by either party, or upon the effective service of notice of termination of your employment by either party, the Company shall have the right to relieve you from the performance of any and all duties of the position upon the continued payment of your Gross Salary and compensation, as then in effect, for the duration of the notice period. During such notice period, you may be required to not attend for work, at the Company's absolute discretion. However, you must not take up any alternate employment until the expiration of such notice period.

(g) The termination of your employment howsoever arising shall not affect such of the terms hereof as are expressed to operate or have effect thereafter and shall be without prejudice to any right of action already accrued to the Company in respect of any breach or default by you.

(h) If your employment is terminated for any reason:

(i) you must return all the Company's property as outlined in clause 9.

(ii) the Company may, to the maximum extent permissible under law, set-off amounts you owe the Company against any amounts the Company owes you at the date of termination.

(iii) your obligations contained within the "Confidentiality, Invention and Non-Solicitation Agreement" that you are required to sign in connection with your employment, continue after the termination of your employment; and

(iv) you must not record or retain any confidential information of the Company, which is marked as such or which by its nature is deemed as confidential whether so informed by the Company at the time you are provided with the information, in any form after termination. Upon request of the Company and any member of the Parexel you must return or destroy or have destroyed all memoranda, notes, reports, and other works based on or derived from the proprietary information of the Company or any member of the Parexel. You must provide a certificate to the Company confirming that such materials have been returned or destroyed.

(v) If you hold any directorships or other offices in the Company or in any Parexel Group Company you agree all such offices shall cease on account of the cessation of your employment with the Company for any reason (including but not limited to resignation, termination, retirement or otherwise), and without prejudice to the above, you agree to take all necessary steps and sign all such documents as may be necessary (including resignation letters from such offices) to give effect to this intent immediately on such cessation of employment without any compensation.

13. VARIATIONS OF TERMS AND CONDITIONS

The Company reserves the right to make reasonable changes to any of the terms and conditions of your employment. You will be given appropriate written notice of any such changes, which may be given by way of individual notice or a general notice to all employees. Where from time to time the Company changes or introduces policies and procedures in relation to its employees, these will be deemed to apply to this employment.

14. APPLICABLE LAW AND DISPUTE RESOLUTION

(a) These Terms and Conditions of your Employment shall be governed by and construed in accordance with the laws of India.

(b) The employee and the Company (individually the "Party" and collectively the "Parties") agree that they shall in good faith work towards the implementation of these Terms and Conditions of Employment. Any dispute or difference arising at any time between the Parties hereto as to the construction, meaning or effect of these Terms and Conditions of Employment or any clause or provision contained herein or the respective rights, duties, liabilities or obligations of either Party hereunder or in the event of any breach or threatened breach of the provisions contained herein, the Parties shall first attempt to resolve the dispute through mediation.

(c) If the dispute is not settled by mediation within thirty (30) days of the appointment of the mediation, or such further period as the Parties shall agree in writing, then the same shall be subject to the exclusive jurisdiction of the Courts of Hyderabad.



(d) Notwithstanding anything to the contrary contained in these Terms and Conditions of Employment that form a part of your appointment, you agree that any breach or threatened breach of the terms of these Terms and Conditions of Employment or any agreement or policy referred in these Terms and Conditions of Employment and/or the Appointment Letter is likely to cause the Company substantial and irrevocable damage that is difficult to measure and may not be remedied solely by money damages. Therefore, in the event of any such breach or threatened breach, you agree that the Company, in addition to such other remedies which may be available, shall have the right to obtain an injunction from a court of competent jurisdiction restraining such a breach or threatened breach and the right to specific performance, and you hereby waive the adequacy of a remedy at law as a defense to such relief.

15. ENTIRE AGREEMENT

The Compensation and Benefits set out in Annexure A, these Terms and Conditions of Employment (including the Confidentiality, invention and non-solicitation Agreement set out in Annexure C) all form a part of the Appointment Letter.

16. GENERAL

(a) By signing the Appointment Letter and these Terms and Conditions of Employment that form a part of the Appointment Letter you confirm that there is no contractual or other reason why you should not be recruited by the Company to fulfill this position or perform this function.

(b) For the purposes of this Agreement "Parexel Group" and "Parexel Group Company" means any firm, company, business entity or other organization:

(i) which is directly controlled by the Company; or

(ii) which directly or indirectly controls the Company; or

(iii) which is directly or indirectly controlled by a third party who also directly or indirectly controls the Company;

(iv) of which the Company or any Parexel Group Company referred to above owns or has a beneficial interest (whether directly or indirectly) in 20% or more of the issued share capital or 20% or more of the capital assets. "Control" has the meaning set out under applicable Income Tax laws.

(c) Please confirm your acceptance of these Terms and Conditions of Employment as part of your appointment by signing in duplicate, retaining one original for yourself and returning the other original to your HR manager at the time of your joining. On behalf of the Company, I wish you every success in your position and trust that our relationship will be long and mutually rewarding.

Your sincerely,

For 1785 - Parexel International India Safety Services Private Limited

Ranjit Dadigela
Senior Director, Talent Acquisition

I acknowledge receipt of this appointment letter and agree to the terms and conditions of employment set out above.

Signature:

Payal Gopal Bahadurkar

Place - Nagpur

Date:

The contents of this letter are company confidential and privileged. The contents of this letter cannot be shared with any individual or companies without the written consent of the Company.



**Annexure B
Compensation & Benefits Statement**

Junior Regulatory Affairs Associate		
Tier 5		
	Annual CTC	Monthly CTC
	INR	INR
Basic Salary	256,000	21,333
House Rent Allowance	102,400	8,533
PF Employer's Contribution	30,720	2,560
Special Allowance	122,880	10,240
Cost to Company CTC	512,000	42,667

Flexi Basket

Employees could choose the Flexi basket components from the amount specified in Special allowance. Any balance amount after allocation will be categorized as special allowance.

Flexi basket is a combination of tax saving components that are part of your CTC. For all the tax saving components in Flexi basket, you will be expected to produce bills and vouchers on a yearly basis. Tax saving components are based on Income Tax (IT) guidelines and could be amended based on published guidelines from time to time.

For details of the various components and the applicable limits, please refer to the employee handbook.

Benefits:

- (a) Medical Insurance for Self and Family as per policy.
- (b) Life and Personal Accident Insurance as per policy.
- (c) Gratuity over and above Compensation as per statutory provisions and policy.

Yours sincerely,

For 1785 - Parexel International India Safety Services Private Limited

**Ranjit Dadigela
Senior Director, Talent Acquisition**

I hereby acknowledge the above and confirm:

Payal Gopal Bahadurkar

Date:



Annexure C

EMPLOYEE CONFIDENTIALITY, INVENTION & NON-SOLICITATION AGREEMENT

Agreement, dated as of _____.(month/day/year), by and between 1785 - Parexel International India Safety Services Private Limited a company incorporated under the Companies Act, 1956 and having its registered office at 1785 - Parexel International India Safety Services Private Limited, (A Parexel Company- previously known as Lipient Software India Private Limited), 3rd Floor, 5B, RMZ, Ecoworld Infrastructure Pvt.Ltd SEZ, Devarabeesanahalli Village, Marathahalli Sarjapur Road, Bengaluru - 560103, Karnataka, INDIA (including each of its current and future subsidiaries, affiliates, divisions and assigns) (The "Company"), and the undersigned ("Employee") a citizen of India residing at:

For purposes of this Agreement, reference to the Company shall be deemed to include any corporation or entity that it controls, is controlled by or is in common control with, the Company.

I, the Employee, understand and acknowledge that:

- A. The Company is undertaking and will be engaged in a continuous program of research, development and management respecting its business, present and future.
- B. As part of my employment (including, whenever used herein part-time employment) by the Company, I may make new contributions and inventions of value to the Company.
- C. My employment creates a relationship of confidence and trust between me and the Company with respect to any information:
 - (1) Disclosed, used, made available to me during the course of my employment with the Company applicable to the business of the Company; or
 - (2) Applicable to the business of any client or customer of the Company.
- D. The Company possesses and will develop confidential information that has been or will be created, discovered or developed by, or has otherwise become known to, the Company (including without limitation information created, discovered, developed or made known by me during the period of or arising out of my employment by the Company), or in which property rights have been or will be assigned or otherwise conveyed to the Company, which information has commercial value in the business in which the Company is engaged. All present and future information described in the preceding sentence is referred to in this Agreement as the "Confidential Information." Confidential Information includes, without limitation, trade secrets, processes, formulae, data and know-how, discoveries, developments, designs, improvements, inventions, techniques, marketing plans, strategies, forecasts, new products, software, software documentation, unpublished financial statements, budgets, projections, licenses, prices, costs, and customer and supplier lists; provided, however, that the restrictions set forth in section 1 below shall not be imposed with respect to information that otherwise would be treated as Confidential Information if such information was (1) at the time of disclosure to the Employee a part of the public domain by publication through no fault of the Employee, (2) lawfully received by the Employee from a third party who was under no obligation of



confidentiality with respect thereto, (3) required by law to be disclosed, but only to the extent of such required disclosure, or (4) known to Employee prior to receipt from the Company. The burden of proving that any of (1) through (4) apply shall fall solely to me, the Employee, and shall require clear and convincing evidence from me.

In consideration of my employment or continued employment by the Company and the compensation received by me from the Company from time to time, I hereby agree as follows:

1. Non-Disclosure

- 1.1 All Confidential Information and rights relating thereto shall be the sole property of the Company. I will not disclose to anyone outside the Company or use for my own benefit or for the benefit of others any Confidential Information either during or after my employment without the Company's prior written permission except as may be necessary in the ordinary course of performing my duties as an employee of the Company. I also understand that information and materials received in confidence from third parties by the Company, if any, is included within the meaning of the preceding sentence.
- 1.2 I hereby covenant that I will not disclose to the Company or induce the Company to use any confidential information or material belonging to others without the express written consent of such person or entity.
- 1.3 Upon the termination of my employment with the Company for any reason, I will deliver to the Company all documents or other materials relating to my work with the Company and will not take with me any of the foregoing, or any reproduction thereof, or anything containing any, or relating to any, Confidential Information.

2. Inventions

- 2.1 I hereby assign to the Company worldwide, my entire right, title and interest in any invention, data (whether in written, schematic or any other form) or idea, patentable or not, including without limitation any software and software documentation, made or conceived or reduced to practice or learned by me either alone or jointly with others during the period of my employment:
 - a. While working for, or arising out of my work with, the Company in any capacity; or
 - b. Which relates in any manner to, or is useful in, the actual or planned business or products of the Company or relates in any manner to, or is useful in, its actual or anticipated research and development, or is suggested by or results from any task assigned to me or others by the Company or work performed by me or others for or on behalf of the Company or which is discovered or developed using any of the Company's facilities or on Company time.
- 2.2 I agree that in connection with any invention, data or idea covered by paragraph 2.1:
 - c. I will disclose it promptly to the Company;
 - d. I hereby irrevocably grant and assign to the Company absolutely all now known or hereafter existing rights and interests of every kind in such inventions and all works deriving therefrom, absolutely all now known or hereafter existing rights and interests of every kind throughout the world, in perpetuity and in all languages, forms and version. I also waive (i) all "moral rights" and all performers' rights relating to my services and products of the services and all works deriving therefrom to which I am now or may in the future be entitled in any country throughout the world; and (ii) any such rights including authors special rights under Section 57 of the Copyright Act 1957.
 - e. Any and all reports, plans, information, data, drawings, computer software, renditions, mock-ups, prototypes or other works created by me for the Company in connection with this Agreement or any work hereunder shall be owned by the Company. The Company may use such work wherever and whenever it chooses. This Agreement shall be deemed a transfer of the copyright or any other intellectual property rights subject matter created by me. I shall execute any and all documents necessary to demonstrate or perfect such transfer subject to the provisions



of Clause 2.2 d below. I shall not at any time, in any manner, during or after the term of this Agreement, under any circumstances, be entitled to or claim any right, title or interest herein or any commission, fee or other direct or indirect benefit from the Company or its subsidiary or affiliate companies, in respect of the applications, concepts, inventions, suggestions, creative ideas, reports, plans, information, data, drawings, blueprints, computer software design, computer source or object code, renditions, mock-ups, prototypes or other works created by me while I am employed by the Company. I agree to execute any documents necessary or desirable to secure or perfect the Company's legal rights and worldwide ownership in such works, including, but not limited to documents relating to patent, trademark and copyright applications and I will, at the Company's request, promptly execute a specific assignment of title to the Company and do anything else reasonably necessary to enable the Company to secure a patent for or acquire or enforce any rights, including without limitation any copyrights, in the invention, data or idea in the United States or in foreign countries, during or after my employment, provided that the Company shall reimburse me for any expenses in connection therewith.

2.3 If for any reason, including incapacity, the Company is unable, after reasonable effort, to secure my signature on any document or documents needed to apply for, perfect or otherwise acquire a patent or any other rights in the invention, data or idea, or to enforce such rights, I hereby irrevocably designate the Company as my agent and attorney-in-fact, to act for and in my behalf to execute and file such documents with the same legal force and effect as if executed by me.

2.4 I own the discoveries, improvements or inventions identified by title and number or date on Schedule A attached hereto. Such discoveries, improvements and inventions, made or conceived by me prior to my employment by the Company, are expressly reserved and excepted from the provisions of this Agreement. **If there are no such discoveries, improvements or inventions to be excluded, the undersigned should initial here:**

3. Non-Solicitation

3.1 For a period of one year after my employment with the Company terminates for any reason, I will not, without the Company's prior express written consent, hire, solicit, interfere with or endeavor to entice away any employee of the Company by or for any other business or entity that conducts research, develops, markets or produces products or provides services similar to those of the Company.

4. Miscellaneous

4.1 I agree that during the period of my employment by the Company I will not, without the Company's prior express written consent engage in any employment, consulting or other business other than for the Company.

4.2 I represent that my performance of all the terms of this Agreement and as an employee of the Company does not and will not breach any agreement or obligation to keep in confidence proprietary information acquired by me in confidence or in trust. I have not entered into, and I agree I will not enter into, any agreement, either written or oral, in conflict herewith.

4.3 I agree that any breach of this Agreement by me could cause irreparable damage for which the Company will have no adequate remedy of law and that, in the event of such breach, the Company shall have, in addition to any and all remedies of law, the right to an injunction, specific performance or other equitable relief to prevent the violation of my obligations hereunder.

4.4 I understand that this Agreement does not create an obligation on the part of the Company or any other person to continue my employment.

4.5 Any waiver by the Company of a breach of any provision of this Agreement shall not operate or be construed as a waiver of any subsequent breach hereof.



- 4.6 I hereby agree that each provision contained in this Agreement shall be treated as a separate and independent clause, and the unenforceability of any one clause shall in no way impair the enforceability of any of the other clauses herein. Moreover, if one or more of the provisions contained in this Agreement shall for any reason be held to be excessively broad as to scope, activity or subject so as to be unenforceable at all, such provision or provisions shall be construed by the appropriate judicial body by limiting and reducing it or them, so as to be enforceable to the extent compatible with the then applicable law.
- 4.7 This Agreement shall be governed by the laws of India.
- 4.8 My obligations under the Agreement shall survive the termination of my employment regardless of the manner of such termination, shall be binding upon my heirs, executors and administrators and shall inure to the benefit of the Company's successors and assigns.
- 4.9 Upon request by the Company, I will certify in writing my compliance with the terms of this Agreement.

Employee Signature _____ Date ____/____/____

Print Name _____

Accepted and agreed to:

1785 - Parexel International India Safety Services Private Limited

by: _____ Date ____/____/____

Schedule A

Description of Prior Inventions, Data and Ideas (If Applicable)



Annexure D

You must bring the following documents with you on your first day of work with the Company:

- (a) One set of photocopies of your educational certificates
- (b) 5 passport size photographs.
- (c) Proof of date of birth in original along with 1 set of photocopies.
- (d) Personal identification/passport
- (e) copy of PAN ID
- (f) copy of offer letters / appointment letters from all previous employers.
- (g) 2 copies of the relieving letter / experience certificate from all previous employers Relieving Order
- (h) copies of latest salary slips from previous employer
- (i) Form 16



Synox/ Pune

April 19, 2022

Mr. Pradip Ramakant Tiwari
Emp Code: 40013818
rajiv nagar
hingna road nagpur
Maharashtra-441110

Dear Mr. Pradip Ramakant Tiwari,

With reference to your application and the subsequent interview you had with us, we are pleased to appoint you as **Marketing Executive in Management Grade SE1** in **SYNOX** division with effect from **19.04.2022**, on the following terms and conditions.

A. YOUR HEADQUARTER AND TERRITORY

To start with, your headquarter will be **Nagpur**.

The territory will be decided by your Area Manager and/or Regional Sales Manager. However, from time to time we may transfer you from one territory to the other or subdivide your territory or add new territories and/or appoint additional Medical Representatives/Trainees in your territory as per Company's requirement.

You will not leave your headquarter without prior permission from your superior except in cases of emergencies which should be duly informed.

B. JOB DESCRIPTION

A brief job description for your role is attached in Annexure "A"

C. SALARY

1) Your basic salary will be **Rs.15500/- per month** apart from daily working allowance as stipulated below:

HQ (Metro)	:	Rs.290/-
(Non Metro)	:	Rs.280/-
Ex-STATION	:	Rs.300/-
OUT STATION	:	Rs.550/-
OUTSTATION CONFERENCE	:	Rs.800/-

You will be entitled to various perks as per the enclosed sheet.

contd. page 2/-



D. PROBATION

- i. You will be on probation for a period of six months from **19.04.2022**. During this period you will be responsible for achieving sales target given to you from time to time and ensuring collection of payment for the sales effected in your territory. We will also watch your other professional skills like, selling skills knowledge of the products and your ability to detail and interact with customers etc, and personal qualities like sincerity, initiative etc.
- ii. On satisfactory completion of your probation you will be confirmed in the services of the Company, by a separate letter. However, you shall continue to be on probation till such time a letter of confirmation is issued by the Company. In case the Company feels that there is a need to extend the probation period a letter would be issued to you extending your probation for a period of 6 months as is deemed necessary. If your performance is not found to be satisfactory of which, the Company will be the sole judge, your services may be terminated.
- iii. It is also understood and agreed that if you remain absent without prior permission or intimation for a consecutive period of 10 days or more, you shall be deemed to have left your appointment without giving any intimation to the Company, and, therefore, your name will be liable to be struck off the rolls of the Company and this appointment shall therefore, stand discontinued.

E. TRANSFER

- i. You being a member of the field force, your services are transferable anywhere in India to any of the existing or future headquarters.
- ii. For the purpose of better understanding of the field working and exposure to different conditions for better learning and also to learn all other aspects of marketing, statistics, distribution, sales training, budgeting, etc, you may be transferred either to any other headquarter in the field or to the Head Office or any other Branches / Depots from time to time. As a general rule you will not work at one place for more than 3 years continuously. However, the Management reserves the right of using its own discretion in this regard.
- iii. Normally such transfers will be effective from the beginning of any month and we will be giving you a notice of up to 15 days and a joining period of 2 to 3 days depending on the distance between the two headquarters.
- iv. In case at a future place of posting some of the terms and conditions prevailing there are different, you will be governed by those terms and conditions.

contd. page 3/-



F. LAY-OFF

If for any reason, whatsoever, the Company is not in a position to provide work to you at any time in future, the Company shall have the right to lay you off as per the provisions of the law applicable at that time.

G. ILLNESS

Your employment with the Company is subject to your medical fitness. Therefore at any point of time, if you are found UNFIT medically by a doctor appointed by the Company, your services will be liable for termination. In case of absents from duty due to prolonged illness, you can be called at Mumbai or the Regional Headquarter for medical examination and it shall be incumbent to abide by the directive in this regard.

H. OTHER GOVERNING RULES

You will abide by all the Rules and Regulations existing in the Company or to be framed by the Company from time to time in future, including those contained in the Company's employees Handbook or Manual prepared for the said purpose.

I. NOTICE PERIOD

Company reserves the right to specify the notice period required. However, either party can terminate this agreement by giving one month notice without furnishing any specific reason. Accordingly, amount in lieu of short notice period would be payable by either party giving short notice.

In the event of dishonesty or misconduct, the Company may terminate the employment any time without notice or payment in lieu of notice period.

J. AGE OF RETIREMENT

As per the existing rules of the Company, the retirement age is 58 years. You shall automatically retire on attaining the said age.

contd. page 4/-



K. LEAVE

You will be entitled for leave as per rules of the Company.

This appointment is subject to satisfactory medical examination and reference checks (including checks to your previous employer, if any).

You are required to produce the following documents:

1. A photocopy duly attested of each of the following:
 - ▶ Technical and Professional qualifications
 - ▶ S.S.C. Certificate giving Date of Birth
 - ▶ Relieving letter from the previous Company, if any.
 - ▶ PAN and Aadhaar Card Copies.
2. Two copies of recent passport size photographs
3. For the purpose of Provident Fund - Name and address of the "Nominee (s)"

We wish you a prosperous career in Lupin.

Yours Sincerely,

Sanjay Mishra
General Manager - HR



LUPIN

ANNEXURE "A"

Job Description:

Your responsibility will be to plan and achieve sales targets product-wise, value-wise primary and secondary sales, territory profitability, increase and maintain brand market shares through effective planning of resources, distribution management, customer relation management, key opinion leader engagement initiatives and control on expenses as decided with your superiors and Head Office from time to time.

You will also be equally responsible for Market Research and Customer Care & Services in the territory assigned to you and will contribute in the Strategic Planning process. You need to develop and execute market intelligence plan to obtain feedback on market conditions and impact of promotional strategy on movement of company's products as well as that of competitors. Develop and align the resource plan to meet the business objectives of the Company (territory) and ensure optimal deployment so as to ensure profitability of the assigned territory.

You need to prepare and propose strategic distribution plan for the assigned territory for the year to meet business objectives and ensure its supervision and execution. You are required to recommend appointment of distributors after evaluating all the factors. You must ensure that stock and sales statements are sent by the distributors on due date. You will also ensure adequate availability of company products at key retailers to meet the patient and customer requirements. You have to develop and approve distributor orders as per the business plan, ensure proper supply of goods and also ensure that all payments and dues are collected from the Distributor as per distribution policy.

You should also educate and train the distributors on company systems and processes and ensure distributor compliance to agreed service levels as per the need. You area also needed to continuously review distributor financial health (pipeline and outstanding) and make appropriate recommendation to company to ensure good business health.

Your responsibility is also to audit and approve claims of breakages and expiry as per financial authority vested in you by the company. You are also required to ensure that the claims of the distributors are settled by company within specified time limits. You are also responsible for finding and implementing ways to improve operational efficiency and controlling of costs. In order to ensure that the Company must maintain and improve its sales and competitive status and earning capacity, through concerted efforts aimed at improving overall efficiency and productivity, we will expect your full co-operation with the Company in all measures adopted for achieving this objective and improve the prevailing practices in your area of work.

Please note that this is only illustrative and not exhaustive list of your Job Role.



LUPIN LIMITED

REMUNERATION STRUCTURE (w.e.f.19.04.2022)

Mr. Pradip Ramakant Tiwari

GRADE	SE1	
DESIGNATION	Marketing Executive	
	PM(Rs)	PA(Rs)
BASIC	15,500	186,000
HOUSE RENT ALLOWANCE	2,325	27,900
ADHOC ALLOWANCE	1,963	23,556
GROSS MONTHLY	19,788	237,456
PROVIDENT FUND (12%) OF BASIC		22,320
GRATUITY (4.81%) OF BASIC		8,947
ESIC (3.25% OF GROSS SALARY)		7,717
TOTAL RETIRALS		38,984
TOTAL FIXED CTC		276,440
BONUS / EXGRATIA		28,560
COST TO COMPANY		305,000

- In-addition to the above, you will be covered under the following Schemes as per Company Policy:
 - Mediclam: This Policy covers self, spouse, two children and dependent parents, subject to a limit of Rs.125,000 /-.
 - Group Accident Insurance: The Insurance coverage for your grade is Rs.1,000,000 /-.
 - Group Term Life Insurance: The Insurance coverage for your grade is Rs.1,000,000 /-.
- All payments are subject to the provisions of Income Tax Act.

Sanjay Mishra
General Manager - HR



INTAS PHARMACEUTICALS LIMITED

Corporate House, Near Sola Bridge, S.G. Highway, Thaltej, Ahmedabad – 380054, Gujarat, INDIA.
Tel. No. 079-61577000, Website : <http://www.intaspharma.com> CIN - U24231GJ1985PLC007866

IPL/APT/FLD/2107005/2022
19/01/2022

FORM - A

(See Rule 22 (1) of The Sales Promotion Employees (Condition of Service) Act, 1976 with The Sales Promotion Employees (Condition of Services) Rules, 1976)

LETTER OF APPOINTMENT

1. Name of the establishment: Intas Pharmaceuticals Ltd.
2. Address: INTAS PHARMACEUTICALS LTD.
Corporate House: Near Sola Bridge,
S.G. Highway, Thaltej,
Ahmedabad-380054.
GUJARAT.
3. Name of the Employer: Intas Pharmaceuticals Ltd.
4. Name: Mr. RAGHAVENDRA FUTREY
S/O PRADIP S FUTREY .
5. Address of the Sales Promotion employee: JUNI BASTI
VINOBHA BHAVE WARD
NAGTHANA ROAD TIRORA
TIRORA (M CL) - 441911
Maharashtra
6. Mr. RAGHAVENDRA FUTREY (Employee Code : 2107005) is appointed as Business Executive - Trainee in ADRINA division in this establishment with effect from 19/01/2022.
7. Your appointment is as a trainee for a period of Six months.
8. Your rate of increment in wages shall be at the discretion of the management depending upon your performance.
9. Your compensation details will be as per the enclosed Annexure A.



Ref: RGI/GHRAUA/HR/2022/07

Date: 25.01.2022

To,
Ms. Raghni Nikhade

Subject: Order of Appointment

Dear Madam,

Following your application and subsequent interview held for the post of Assistant Professor, before the Local Selection Committee, on behalf of the Management, I am pleased to inform you that the Management has appointed you as Assistant Professor in School of Pharmacy of G H Raisoni University - Amravati. The terms and conditions of the appointment are as follows:-

1. Your appointment is till further order.
2. Your pay in the pay scale of Rs.15600-39100 AGP 6000 & present basic will be Rs.15600/-
3. You shall deposit with the office the originals as well as certified true copies of relevant documents such as birth date certificate, mark sheets, experience certificate, relieving certificate, and last pay certificate before joining the duties.
4. You will submit 2 passport size photographs.
5. You are required to give the correct mailing address as soon as you join your duties. Any letter sent by Registered Post Acknowledgement Due (RPAD) on the address given, shall be deemed to have been acknowledged duly & signed, by you.
6. You will not conduct or engage yourself in private tuitions or private coaching classes.
7. You will not engage yourself in any other paid job, full time, part time, honorary or otherwise during the continuance of your service in this Institution.
8. You will not appear for any examinations without prior permission of the Management while in service of this organization.
9. You will not take any part in politics.
10. If you want to leave the service during the probation period, you will have to give one month's notice or one month's Basic pay + AGP in lieu thereof. If the Management wants to terminate your services before completion of your probation period you will be given one month's notice or one month's Basic + AGP in lieu of the notice.
11. After completion of probation period, if you desire to leave the service, you will have to give three months notice or three month's Basic salary + AGP, in lieu thereof. Similarly management will give three months notice if your services are not required / not satisfactory, or three month's Basic pay + AGP in lieu of the notice period thereof.
12. You will not directly or indirectly involve yourself in any anti-management activities.
13. Your behavior with colleagues and entire college staff should be polite, co-operative & gentle.
14. You will not form any union or organization amongst yourself and colleagues.
15. You will not process any letters either signed by you or signed jointly on any issues against the Management without prior permission of the Management. Also you will not approach any authorities connected to the Institute/Society without prior permission of the Management.

Address : G H Raisoni Nagar, Anjangaon Bari Road,
Amravati - 444701 (MH)
Tel.: +91-0721-2385429 / 32 / 35
Web: www.ghru.edu.in | Email: enquiry@ghru.edu.in
Corporate Office : 245, Shradha House, Kingsway, Nagpur- 440001 (MH)
Tel.:+91-712-6617181/82



16. If any information given in the application form is found incorrect or contradictory at any time after the appointment, your services will be terminated forthwith and no further correspondence will be entertained thereafter.
17. In case you want to leave the job, you shall have to serve a notice period of one month or will have to pay gross salary of one month in lieu thereof. If the Management wants to terminate your services you will be given one month's notice or one month's salary in lieu of the notice.
18. You will not apply elsewhere for service without getting / obtaining the proper permission from the Management. If it is found that, you have applied elsewhere without prior permission of the Management, the Management will impose the penalty of the three months salary on you before issuing the relieving certificate or otherwise you may not be relieved from the service of the college.
19. **Progress Report:** - You will submit your report on research activities, seminars, presentation of papers, workshop etc. twice every year in the months of June & December.
20. **Motivation:** - It is expected that as a member of the staff you will guide and motivate junior staff members and the students and feedback taken from students be submitted to the Principal.
21. In addition to your regular duties, you will have to carry out the duties assigned by the Management including coordination with other Departments, R & D activities, or any other activities/responsibilities that may be entrusted to you.
22. You are expected to join within 7 days from the date of this order.
23. On the Administrative/Academic ground you will be liable to be transferred/deputed from one institution to another institution of Sanstha.
24. During the tenure of service the management reserves the right to terminate services of the appointee in case of poor performance /non observance or organizational policies or misconduct.
25. You are requested to please acknowledge the receipt of this order and return 02 copies (enclosed) duly signed in token of acceptance of this order.

Cc: Vice Chancellor-GHRU, Amravati
Cc: Director - HR/ Accounts Dept.




Authorized Signatory

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Date: 25.01.2022

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Subject: Order of Appointment

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4. You will submit 2 passport size photographs.
5. You are required to give the correct mailing address as soon as you join your duties. Any letter sent by Registered Post Acknowledgement Due (RPAD) on the address given, shall be deemed to have been acknowledged duly & signed, by you.
6. You will not conduct or engage yourself in private tuitions or private coaching classes.
7. You will not engage yourself in any other paid job, full time, part time, honorary or otherwise during the continuance of your service in this Institution.
8. You will not appear for any examinations without prior permission of the Management while in service of this organization.
9. You will not take any part in politics.
10. If you want to leave the service during the probation period, you will have to give one month's notice or one month's Basic pay + AGP in lieu thereof. If the Management wants to terminate your services before completion of your probation period you will be given one month's notice or one month's Basic + AGP in lieu of the notice.
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12. You will not directly or indirectly involve yourself in any anti-management activities.
13. Your behavior with colleagues and entire college staff should be polite, co-operative & gentle.
14. You will not form any union or organization amongst yourself and colleagues.
15. You will not process any letters either signed by you or signed jointly on any issues against the Management without prior permission of the Management. Also you will not approach any authorities connected to the Institute/Society without prior permission of the Management.

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19. **Progress Report:** - You will submit your report on research activities, seminars, presentation of papers, workshop etc. twice every year in the months of June & December.
20. **Motivation:** - It is expected that as a member of the staff you will guide and motivate junior staff members and the students and feedback taken from students be submitted to the Principal.
21. In addition to your regular duties, you will have to carry out the duties assigned by the Management including coordination with other Departments, R & D activities, or any other activities/responsibilities that may be entrusted to you.
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Cc: Vice Chancellor-GHRU, Amravati
Cc: Director - HR/ Accounts Dept.




Authorized Signatory

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Tel.:+91-712-6617181/82



Welcome Kit January 2022 Batch

Inbox



Welingkar Institute of M... 7 Dec 2021
to Ruchikadeshmukh2008 ✓



Dear RUCHIKA GHANSHYAMDESHMUKH,

Congratulations for joining Welingkar's Post Graduate Hybrid Program.

Here is the link to download your Welcome Kit, an abstract of various details given in our prospectus as well as on the website for your ready reference.

[Download The Welcome Kit](#)

You can keep this handy for quick reference during the entire duration of the course.

Wishing you all the best!

Best Regards,

Prof. Dr. Rajesh Aparnath
Head - PGDM-HB
Phone: 022-40514025

To,

The Principal
Shri Balaji College of Pharmaceutical Science,
Rishabh Tirth Sakti (C.G)

Joining Report

With reference to order No. SBCPS/Esstt./2021/

Date I do hereby join my duties w.e.f.

Signature: Shanu

Name: Shanu B. Sahu

Post: Lecturer

Inst: Shri Balaji College of Pharmaceutical
Sciences,
Sakti

Date: 05.02.2021

Shanu

Forwarded
PRINCIPAL
SHRI BALAJI COLLEGE
OF PHARMACEUTICAL SCIENCES
Sign of Principal HANPA (C.G.)

Name:

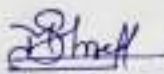
Date:

Date: 05.02.2021

ORDER

Shant B. Sahay D/O Priglal M. Sahay, is hereby appointed as ~~Asst. Professor~~ D.Pharma, Shri Balaji Collage of Pharmaceutical Sciences, Rishabh Tirth Sakti (C.G.) in the pay-scale of Rs 15600-39100 subject to the following terms and condition:

- (1) Her appointment is effective from 05.02.2021
- (2) Confirmation of his appointment is subject to approval by the university Under statute 19.
- (3) Three Months Notice or Three Month pay (total emoluments) in lieu of Notice is required in case of resignation.
- (4) In case of any complaints from student regarding behavior, performance, Her services can be terminated.
- (5) She shall be responsible for academic excellence and overall development Of the institution.
- (6) She shall be required to discharge all other assignments given by the Management from to time, to ensure smooth working and improvement Of The collage with full sense of responsibility.
- (7) Her services shall be governed by the general terms and conditions of the Services framed by the management from time to time.
- (8) The Chairman Governing Body reseves the rights to amend, modify, after or very terms and conditions of har service.



PRINCIPAL
SHRI BALAJI COLLEGE
OF PHARMACEUTICAL SCIENCES
SAKTI, JANJIRI CHAMPA (C.G.)

Shri Balaji Collage of Pharmaceutical
Sciences Rishabh Tirth Sakti

No. SBCPS/Estt/20 /

Date: 05/02/2021

Miss Shanu Brijlal Sahu

Gali No 03, makan No. 06 Ring Road

Taj Nagar Mankapur, Nagpur

Maharashtra – 440030

Sub: Appointment to the post of Assistant Professor

Dear Miss Shanu Brijlal Sahu

This has reference to your application and the subsequent interview, the management is pleased to appoint you as **Assistant Professor** at a consolidated pay of Rs. 15,600 (Fifteen thousand six hundred only) p.m. on the following terms & conditions w.e.f. 05/02/2021.

Terms & Conditions:

1. Confirmation of the appointment is subject to approval of your appointment by the University under statute 19
2. Three month notice or three months salary from either side shall be required in case of resignation/termination.
3. In case of any complaints from student regarding your behavior, performance your services can be terminated.
4. You will be governed by the general terms & conditions of service as laid down by the management from time to time.
5. As a member of the faculty, you will be required to perform extra-curricular activities and any other work assigned by the management as a part of duty.
6. Chairman, Governing Body reserves the right to amend, modify or alter the terms & conditions of the service.

With best wishes


(Dr. Minakshi Shroff)
Principal

Copy to:

1. Accounts section/ Register/ HR
2. Personal file
3. President - *for favour of information*
4. Chairman - *for favour of information*

PHARMACY COUNCIL OF INDIA

STAFF DECLARATION FORM

From

Teacher's Name Sham B. Sahu
(+As on University Degree certificate)

Recent passport size photo of Employee
Signed by Dean/Principal of the college.



Date of Birth & Age 18/05/1998

Qualification	College & University	Year	Registration No. with State Pharmacy Council	Name of the State Pharmacy Council
B.Pharm	Sonekan College of Pharmacy, Nagpur	2018	238378	Maharashtra state Pharmacy Council
M.Pharm	PJLCP, Hingna, Nagpur	2020		
(Ph.D.)/others				

Copies of Registration Certificate and University degree/PG/Ph.D. be attached.

Present Designation: Lecturer

Department: Pharmacy

College: Smt. Balaji College of Pharmaceutical Sciences, Sakti

City: Gunji, Sakti (C.A.)

Nature of appointment: Permanent/Temporary/Adhoc/Honorary/Part-time

Whether belongs to: O.G./SC/ST/OBC/Ex-service/Others

Contd. on page 2

12:

Permanent Residential

Address of employee: Lane No. 03, Tajnagar, Ring Road,
Mankapur, Nagpur, 440030

Copy of passport/Voter Card/Ration Card/PAN No./Electricity Bill/Driving License Attached as a proof of residence.

STD Code

Phone No.

Phone & Fax Number with code Office: _____

Residence: _____

E-mail address: Shanku.sahu.283@gmail.com

Date of joining present institution: 05/09/2021 as Lecturer
(Designation)

Details of the previous appointments/teaching experience

Position	Name of Institution	From	To	Total Experience in years
Lecturer				
Reader/ Assistant professor				
Professor				
Principal				

1) Before joining present institution I was working at _____ as _____ and relieved on _____ after Resigning/retiring (relieving order is enclosed from the previous institution).

2) I, hereby undertake that I have not given my name as teaching faculty in any other Pharmacy institution for teaching any Pharmacy course and not working in any where other than this institution Pharmacy College/Medical College/Dental College/Industry/Community Pharmacy/Hospital Pharmacy/Govt. Service/any other service in the State or outside the State in any capacity full-time/part-time other than the above.

Contd. on page 3

- 3) I have drawn total emoluments from this college as under (Please fill the data of last academic session) :-

	Amount Received	TDS
April, 20__		
May, 20__		
June, 20__		
July, 20__		
August, 20__		
September, 20__		
October, 20__		
November, 20__		
December, 20__		
January, 20__		
February, 20__		
March, 20__		

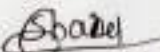
(Copy of my form 16 (TDS certificate) for the last financial year is attached)

P.A.N.: _____

Circle _____

Declaration

- I have not worked at any other pharmacy college/institution or presented myself at any inspection during my employment in this college.
- It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his name from Register of Registered Pharmacists).


Signature of the Employee:

Date:

Place:

Endorsement

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible besides the declarant himself/herself for any such misdeclaration or misstatement.

Countersigned by the Director/Dean/
Principal in respect of Teaching Staff

Date:

Place:



Ref: RGI/GHRUA/HR/2021/69]

Date: 21.12.2021

To,
Ms. Shubhangi Choudhari

Subject: Order of Appointment

Dear Madam,

Following your application and subsequent interview held for the post of Assistant Professor, before the Local Selection Committee, on behalf of the Management, I am pleased to inform you that the Management has appointed you as Assistant Professor in School of Pharmacy of G H Raisoni University - Amravati. The terms and conditions of the appointment are as follows:-

1. Your appointment is till further order.
2. Your pay in the pay scale of Rs.15600-39100 AGP 6000 & present basic will be Rs.15600/-
3. You shall deposit with the office the originals as well as certified true copies of relevant documents such as birth date certificate, mark sheets, experience certificate, relieving certificate, and last pay certificate before joining the duties.
4. You will submit 2 passport size photographs.
5. You are required to give the correct mailing address as soon as you join your duties. Any letter sent by Registered Post Acknowledgement Due (RPAD) on the address given, shall be deemed to have been acknowledged duly & signed, by you.
6. You will not conduct or engage yourself in private tuitions or private coaching classes.
7. You will not engage yourself in any other paid job, full time, part time, honorary or otherwise during the continuance of your service in this Institution.
8. You will not appear for any examinations without prior permission of the Management while in service of this organization.
9. You will not take any part in politics.
10. If you want to leave the service during the probation period, you will have to give one month's notice or one month's Basic pay + AGP in lieu thereof. If the Management wants to terminate your services before completion of your probation period you will be given one month's notice or one month's Basic + AGP in lieu of the notice.
11. After completion of probation period, if you desire to leave the service, you will have to give three months notice or three month's Basic salary + AGP, in lieu thereof. Similarly management will give three months notice if your services are not required / not satisfactory, or three month's Basic pay + AGP in lieu of the notice period thereof.
12. You will not directly or indirectly involve yourself in any anti-management activities.
13. Your behavior with colleagues and entire college staff should be polite, co-operative & gentle.
14. You will not form any union or organization amongst yourself and colleagues.
15. You will not process any letters either signed by you or signed jointly on any issues against the Management without prior permission of the Management. Also you will not approach any authorities connected to the Institute/Society without prior permission of the Management.

Address : G H Raisoni Nagar, Anjangaon Bar Road,
Amravati - 444701 (MH)
Tel : +91-0721-2385429 / 32 / 35
Web: www.ghru.edu.in | Email: enquiry@ghru.edu.in
Corporate Office : 345, Shradha House, Kingway, Nagpur- 440001 (MH)
Tel: +91-712-6617181/82



16. If any information given in the application form, is found incorrect or contradictory at any time after the appointment, your services will be terminated forthwith and no further correspondence will be entertained thereafter.
17. In case you want to leave the job, you shall have to serve a notice period of one month or will have to pay gross salary of one month in lieu thereof. If the Management wants to terminate your services you will be given one month's notice or one month's salary in lieu of the notice.
18. You will not apply elsewhere for service without getting / obtaining the proper permission from the Management. If it is found that, you have applied elsewhere without prior permission of the Management, the Management will impose the penalty of the three months salary on you before issuing the relieving certificate or otherwise you may not be relieved from the service of the college.
19. Progress Report: - You will submit your report on research activities, seminars, presentation of papers, workshop etc. twice every year in the months of June & December.
20. Motivation: - It is expected that as a member of the staff you will guide and motivate junior staff members and the students and feedback taken from students be submitted to the Principal.
21. In addition to your regular duties, you will have to carry out the duties assigned by the Management including coordination with other Departments, R & D activities, or any other activities/responsibilities that may be entrusted to you.
22. You are expected to join within 7 days from the date of this order.
23. On the Administrative/Academic ground you will be liable to be transferred/deputed from one Institution to another institution of Senstha.
24. During the tenure of service the management reserves the right to terminate services of the appointee in case of poor performance /non observance or organizational policies or misconduct.
25. You are requested to please acknowledge the receipt of this order and return 02 copies (enclosed) duly signed in token of acceptance of this order.




Authorized Signatory

Cc: Vice Chancellor-GHRU, Amravati
Cc: Director - HR/ Accounts Dept.

Address : G H Raison Nagar, Anjangaon Bail Road,
Amravati - 444701 (MH)
Tel. : +91-0721-2385429 / 32 / 35
Web: www.ghru.edu.in | Email: enquiry@ghru.edu.in
Corporate Office: 345, Shradha House, Kingsway, Nagpur-440001 (M.H.)
Tel:+91-712-6617181/82



2/08/2022

Turabali Bana
Sector 20, op Rly Stn
Nerul
400706

Dear Turabali,

Welcome to IQVIA™

On behalf of IQVIA, The Human Data Science Company™, we are pleased to extend an offer of employment for you to join our global team.

By accepting this offer, you will join a diverse team of 55,000+ employees in 100+ countries who share a passion to help clients drive healthcare forward. Discover new paths to success as you share stories of unparalleled data, transformative technology, advanced analytics, and domain expertise coming together to solve complex problems. Join IQVIA and be the catalyst for the future of human science.

Your designation will be {Sr Reg Doc Coord - 110}. You will be based in Thane, India (INMUM1, 42.5). Included is information about our offer of employment for your review, including details about salary, vacation time and health benefits.

Please note that this offer is subject to the outcome of the Background Verification on your candidature. At any point, in the event we find that any supporting documentation and/or information provided in connection with this offer letter is found to be false or misrepresented, the company reserves the right to revoke this offer of employment and terminate the appointment on an immediate basis.

ANNUAL GROSS PAY (AGP) - [REDACTED]

PROVIDENT FUND - [REDACTED]

FIXED COST TO COMPANY (1+2) - [REDACTED]

ANNUAL INCENTIVE PAY TARGET* - [REDACTED]

TOTAL COST TO COMPANY (3+4) - [REDACTED]

ANNUAL INCENTIVE PAY TARGET*

You are eligible to participate in IQVIA's Annual Incentive Plan (AIP) subject to the terms and conditions of the applicable AIP in place at the time of any payout. Your manager will communicate performance parameters at a later date. Your start date must occur on or before September 30 to be eligible to participate in the AIP for the year in



Shri Sadashivrao Patil Shikshan Sanstha, Kamptee's

ANURAG COLLEGE OF PHARMACY (Diploma in Pharmacy)

| Approved by Pharmacy Council of India, New Delhi | All India Council for Technical Education, New Delhi

| Directorate of Technical Education, Maharashtra State, Mumbai | Affiliated to MSBTE, Mumbai & Recognized by M. S. Govt. Mumbai

Reg. No. MAH/706/85 (N)

MSBTE Institute Code : 0648

DTE Institute Code : 4269

Dr. S. P. Wate
Principal

Shri. S. Y. Bhoyar
Secretary

Smt. K. Y. Bhoyar
President

Ref. No. : ACP/2022/372/A

Date : 17/08/2022

To,
Ms. Vidya S. Kukde
At Post. Mohadi,
Tah- Tumsar,
Dist-Bhandara - 441909.



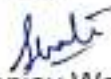
Subject: - Appointment Order.

I am pleased to inform you that, after having your interview you have been selected as suitable candidate. I hereby confirm your appointment as a **Lecturer** in our Anurag College of Pharmacy, Warthi, Dist. Bhandara on Regular basis.

Your appointment will be regulated by rules of the Institute.

Please convey your joining within 15 days from the receipt of this order.

Yours


(Dr. Sanjay Wate)
Principal

Anurag College of Pharmacy
Warthi, Bhandara



Shri Sadashivrao Patil Shikshan Sanstha, Kamptee's

ANURAG COLLEGE OF PHARMACY (Diploma In Pharmacy)

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Dr. S. P. Wate
Principal

Shri. S. Y. Bhoyar
Secretary

Smt. K. Y. Bhoyar
President

Ref. No. : ACP/2022/372/A

Date : 17/08/2022

To,
Ms. Vidya S. Kukde
At.Post. Mohadi,
Tah- Tumsar,
Dist-Bhandara - 441909.



Subject: - Appointment Order.

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Your appointment will be regulated by rules of the Institute.

Please convey your joining within 15 days from the receipt of this order.

Yours

(Dr. Sanjay Wate)
Principal

Anurag College of Pharmacy
Warthi, Bhandara

INJECTABLE DIVISION

Works : D - 82, MIDC Area, Cross Road No. 4-A, Hingna, Nagpur-440 028 (M.S), India
Ph. : 07104-237733, 9764500091
Email : admin.d82@unijules.com
Website : www.contraatmedia.in



Reg. No. F1000229911
2007 Nov. 2011



Certificate No. 11100003 IN 00020



www.unijules.com
UNIJULES[®]
LIFE SCIENCES LTD.
"From Farm to Pharma"

WHO-GMP Certified
CIN No. : U52311 MH 2006 PLC158928

Date : 05/05/2022

To,
Mr. Vishal Dadarao Dakhale
House No. 594, Near HDFC Bank ATM,
Wanadongri Nagar Parishad, Hingna Road,
Nagpur - 441110

Sub : Letter of consideration as employee / Appointment letter.
Ref : Your application and Interview dated 30.04.2022.

Dear Mr. Vishal Dakhale

With reference to above, we are pleased to appoint you in our organization on the following terms and conditions.

- Designation & Department** : Officer - Quality Assurance
- Date of Joining** : You have joined us on 05.05.2022.
- Gross Remuneration** : Rs. 15,000/- (Fifteen Thousand only) per month
- Place of Work** : Your present place of work will be at D-82, MIDC, Industrial Area, Hingna, but during the course of the services, you shall be liable to be Posted / transferred to any location of the company.
- Training / Probation** : You will be on a probation period for 12 months.
- Confirmation** : Based on the performance your services will be confirmed with the company in written after completion of probation period. If no letter of confirmation is issued the probation period shall deemed to have been extended till issuance of confirmation letter.
- Leave** : You will be eligible for the benefits of Leave of the Company after completion of twelve months in the services. (Please refer Leave Policy).
- Working Hours** : Your working will be of 8 hrs per day & applicable as per Rules and shift plan. One day in a week is the weekly off.
- Termination** : During the probation period your services can be terminated with Seven days notice on either side and without any reasons whatsoever. After Confirmation your services can be terminated on one month's notice on other side.

During the period of your employment with the company, you will devote full time to the work of the company. Further, you will not take up any other employment or assignment or any office honorary or for any considerations in cash or in kind or otherwise without the prior written permission of the Company.

INJECTABLE DIVISION

Works : D - 82, MIDC Area, Cross Road No. 4-A, Hingna, Nagpur-440 028 (M.S), India
Ph. : 07104-257733 ,9764500091
Email : admin.d82@unijules.com
Website : www.contraatmedia.in



Reg. No. IN/04/00011
2002-001



Certificate No. 11300CS/INDIA



www.unijules.com
UNIJULES
LIFE SCIENCES LTD.
"From Farm to Pharma"

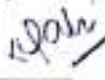
WHO-GMP Certified
CIN No. : U52311 MH 2006 PLC158928

TERMS AND CONDITIONS:

1. You will be required to inform the management of any service, employment, and agency or of any other source of income before joining and also any educational endeavors that you are perceiving and take written permission for the same.
2. You will be required to maintain utmost secrecy in respect of Project documents, commercial offer, design documents, Project cost & Estimation, Technology, Software packages license, Company's policies, Company's patterns, Trade Mark and Company's human asset profile.
3. You will be required to comply with all such rules and regulations as the Company may frame from time to time.
4. If at any time in our opinion, which is final in this matter you are found non-performer or guilty of fraud, dishonest, disobedience, disorderly behavior negligence, indiscipline, absence from duty without permission or any other conduct considered by us deterrent to our interest or of violation of one or more terms of this letter, your services may be terminated without notice and on account of reason of any of the acts or omission, the company shall be entitled to recover the damages from you.
5. You will not accept any present, commission or any sort of gratification in cash or kind from any person, party / firm or Company having dealing with Unijules Group and if you are offered any, you should immediately report the same to the Management.
6. This appointment letter is being issued to you on the basis of the information and particulars furnished by you in your application (including bio-data), at the time of your interview and subsequent discussions. If it transpires that you have made a false statement (or have not disclosed a material fact) resulting in your being offered this appointment, the Management may take such action as it deems fit in its sole discretion, including termination of your employment.
7. You will be responsible for safe keeping and return in good condition all Company property, which may be in your use, custody or charge.
8. In the event you to desire to leave the services it will be essential for you to give one month notice in writing to that effect.
9. For any reason, if you are unable to give services to the organization on or before 3 months, Company will not be liable to do any settlement.
10. Absence for continuous period of ten days without prior approval of your superior, (including overstay on leave) would result in your losing your lien on the service and the same shall automatically come to an end without any notice or intimation and company will not give any settlement.

We welcome you to the Unijules Life Sciences Ltd. and look forward to a fruitful collaboration.

For Unijules Life Sciences Ltd.


COO
(Murtaza Ali)


V.P Technical
(Hakim Liva)

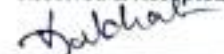

Asst. GM / PO
(Farooque Khan)

Acceptance:

I hereby accept the employment on the terms and conditions mentioned in this letter. I further declare and confirm that my employment with Unijules Life Sciences Ltd. does not and shall not breach the terms and conditions of the company.

Date: 10-05-22

Received & Accepted


(Vishal Dakhale)



LOKMANYA TILAK JANKALYAN SHIKSHAN SANSTHA'S

Priyadarshini J. L. College of Pharmacy

(Formerly called J. L. Chaturvedi College of Pharmacy)

Electronics Zone Building, MIDC, Hingna Road, Nagpur-440016 (M.S.)

Tel & Fax No. +91-7104-299510 E-mail jkcp_nag@rediffmail.com Website www.pjlc.edu.in

NAAC Accredited with B++ Grade

Students Progressing to Higher Education (2019-20)

Sr. No.	Name of student who enrolled for higher education	Program graduated from	Year of graduation	Name of institution joined	Name of program admitted to
1.	Akash Vele	B.Pharm	2020	M.Pharm ICT, Matunga Mumbai	M.Pharm
2.	Ashwini Domale	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm
3.	Ashwini Bhope	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm
4.	Bhavesh Hazare	B.Pharm	2020	SKB COP	M.Pharm
5.	Damini Khedekar	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm
6.	Deepak Askar	B.Pharm	2020	M.Pharm MOGA, Chandigarh	M.Pharm
7.	Harshlata Khandare	B.Pharm	2020	M.Pharm	M.Pharm
8.	Himanshu Kale	B.Pharm	2020	M.Pharm	M.Pharm
9.	Kalyani Deshpande	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm
10.	Mangal Pawade	B.Pharm	2020	M. Pharm	M.Pharm
11.	Mayaur Ikhankar	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm
12.	Mayuri Shrikhnade	B.Pharm	2020	M.Pharm	M.Pharm
13.	Nidhi Dhote	B.Pharm	2020	M.Pharm	M.Pharm
14.	Nikhil Shahu	B.Pharm	2020	M.Pharm	M.Pharm
15.	Payal Bahadurkar	B.Pharm	2020	M.Pharm	M.Pharm
16.	Poonam Kothe	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm
17.	Pranal Dharmik	B.Pharm	2020	M.Pharm ICT, Matunga Mumbai	M.Pharm
18.	Pranjali Mokashi	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm
19.	Prayas Tambe	B.Pharm	2020	M.Pharm	M.Pharm
20.	Ragini Dani	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm
21.	Ragini Jadhav	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm
22.	Rakesh Kanchhul	B.Pharm	2020	SKBCOP	M.Pharm
23.	Salil Pophali	B.Pharm	2020	M. Pharm NIPER Ahmedabad	M.Pharm
24.	Samruddhi Khonde	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm

Dipika Nagaste
Mustar Moturani
Tunab Bano Ali


PRINCIPAL
Priyadarshini J. L. College of
Pharmacy, Nagpur.

25	Sarika Lonkar	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm
26	Twinkle Jiwani	B.Pharm	2020	M. Pharm SKBCOP	M.Pharm
27	Ulka Raut	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm
28	Vaibhav Nimbekar	B.Pharm	2020	Priyadarshini J. L college of pharmacy	M.Pharm
29	Vaibhavi Jaunjalkar	B.Pharm	2020	M. Pharm poona college of pharmacy	M.Pharm

fapane
T&P In-Charge
(Mr. S. K. Shah)

Associates Prof. / Asstt. Prof.
Priyadarshini J. L. College of
Pharmacy, Nagpur.

Taut
Principal
(Dr. D. R. Chate)

PRINCIPAL
Priyadarshini J. L. College of
Pharmacy, Nagpur.

Proof of Documents for Higher Education

2019-20

State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.
(M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for Admission to
First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M.
Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021

Mode of Admission : Non Sponsored

Application ID : MPH20101190

Personal Details

Full Name LONKAR SARIKA GAJANANI

Nationality Indian

Gender Female

Date of Birth 14-07-1999

Annual Family Income (₹) : 5,00,000 - 5,50,000

Category-Caste OBC

Religious Minority/Linguistic Minority N.A.

PWD Type N.A.

Type of Candidature Maharashtra State Candidate - Type A

EWS Status N.A.

Orphan Status N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Seat Amount (₹) 1000/-

Payment Status

Successful

Transaction Id

order_GUL1cGpuT490

Admission Details

All India Merit Number 1693

Allotted Choice Code 426582110

Allotted Seat Type GOPEN

Preference No. 4

Reporting Details

Institute Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur

Tuition Fees (₹) 80000/-

Course 426582110-Pharmacology

Development Fees (₹) 10000/-

Admission Date 28-01-2021

Other Fees (₹) 0/-

Admission Type CAP Round

Total Fees (₹) 90000/-

Remark Admitted

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have power to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 28-01-2021

Signature of The Candidate
(LONKAR SARIKA GAJANANI)

Place: Nagpur

INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on verification of Candidate's Identity. The candidate has paid the fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Lokmanya Tilak Jankalyan Shikshan Sanstha's
Priyadarshini J. L. college of pharmacy, Nagpur


Signature of Institute Officer (4265)

Reported On: 28-01-2021 05:24:23 PM

Printed On: 28-01-2021 05:29:11 PM

Last Modified On: 28-01-2021 05:24:23 PM

Reported By: 4265
Printed By: 4265
Last Modified By: 4265


PRINCIPAL
Priyadarshini J. L. College of
Pharmacy, Nagpur.

State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.
(M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for Admission to
First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M.
Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021

Mode of Admission: Non-Sponsored

Application ID : MPH20102354

Personal Details

Full Name	RAGINI PRAMOD JADHAO	Gender	Female
Nationality	Indian	Annual Family Income (₹)	1,50,000 - 2,00,000
Date of Birth	17-05-1998		
Category-Caste	OPEN		
Religious Minority/Lingualistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A	Orphan Status	N.A.
EWS Status	N.A.		

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Amount (₹)	<input type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	order_GU01Qz2tAQ...
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Admission Details

All India Merit Number	2769
Allotted Choice Code	426582110
Allotted Seat Type	CAPMIM
Preference No.	1

Reporting Details

Institute	Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur
Tuition Fees (₹)	80000/-
Development Fees (₹)	10000/-
Other Fees (₹)	0/-
Total Fees (₹)	90000/-
Remark	Admitted

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government, I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/College have rights to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given to me.

Date: 28-01-2021

Place :

Signature of The Candidate
(RAGINI PRAMOD JADHAO)



INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Signature of Lokmanya Tilak Jankalyan Shikshan Sanstha's
Priyadarshini J. L. college of pharmacy, Nagpur

Signature of Institute Officer (4265)

Reported On: 28-01-2021 05:35:50 PM

Printed On : 28-01-2021 05:38:52 PM

Last Modified On : 28-01-2021 05:35:50 PM

Reported By: 4265
Printed By: 4265
Last Modified By: 4265

PRINCIPAL
Priyadarshini J. L. College of
Pharmacy, Nagpur.



State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-
400001.(M.S.)



Receipt-cum-Acknowledgement of Institute Reporting for
Admission to First Year Of Two Year Full Time Post-Graduate
Course In Pharmacy (M. Pharmacy / Pharm. D. (Post
Baccalaureate)) for the year 2020 - 2021

Application ID : MPH20100518

Mode of Admission : Non Sponsored

Personal Details

Full Name	DAMINI PRAMOD KHEDEKAR		
Nationality	Indian	Gender	Female
Date of Birth	17-04-1997	Annual Family Income (₹)	10,00,001 - 15,00,000
Category-Caste	OPEN		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee Is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	order_GUKHAzpl9IqWGy
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Allotment Details

All India Merit Number	2531
Allotted Choice Code	426581710
Allotted Seat Type	CAPMIM
Preference No.	10

Reporting Details

Institute	Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur		
Tuition Fees (₹)	80000/-	Course	426581710-Pharmaceutics
Development Fees (₹)	10000/-	Admission Date	28-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	90000/-		
Remark	verified and admitted		

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/college will have rights to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 28-01-2021

Damini
Signature of The Candidate
(DAMINI PRAMOD KHEDEKAR)

Place :



INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Lokmanya Tilak Jankalyan Shikshan
Sanstha's Priyadarshini J. L. college of
pharmacy, Nagpur

Kapoor
Signature of Institute Officer (4265)



Reported On: 28-01-2021 01:06:01 PM

Reported By: 4265

Printed On : 28-01-2021 01:06:04 PM

Printed By: 4265

Principal
Principal
Priyadarshini J. L. College of
Nagpur.

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Scanned with CamScanner



State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.
(M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for Admission to
First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M.
Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021

Mode of Admission : Non Sponsored

Application ID : MPH20100396

Personal Details

Full Name	MOKASHI PRANJALI ANIL	Gender	Female
Nationality	Indian	Annual Family Income (₹)	6,00,001 - 7,00,000
Date of Birth	17-03-1998		
Category-Caste	OBC		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A	Orphan Status	N.A.
EWS Status	N.A.		

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input checked="" type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	order_GUJRxp2hqOy.
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Allotment Details

All India Merit Number 2969

Allotted Choice Code 426581710

Allotted Seat Type CAPMIM

Preference No. 9

Reporting Details

Institute	Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur		
Tuition Fees (₹)	80000/-	Course	426581710-Pharmaceutics
Development Fees (₹)	10000/-	Admission Date	29-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	90000/-		
Remark	Admitted		

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/ College will have rights to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:29-01-2021

Place :

Pranjali Anil Mokashi
Signature of The Candidate
(MOKASHI PRANJALI ANIL)



INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on verification of Candidate's Identity. The candidate as paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Lokmanya Tilak Jankalyan Shikshan Sanstha's
Priyadarshini J. L. college of pharmacy, Nagpur

K. K. K.
Signature of Institute Officer (4265)

Reported On:29-01-2021 12:35:33 PM

Printed On :29-01-2021 12:36:45 PM

Last Modified On :29-01-2021 12:35:33 PM

Reported By:4265

Printed By:4265

Last Modified By:4265

Pranjali Anil Mokashi
PRINCIPAL
Priyadarshini J. L. College
Pharmacy, Nagpur.



State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-
400001.(M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for
Admission to First Year Of Two Year Full Time Post-Graduate
Course In Pharmacy (M. Pharmacy / Pharm. D. (Post
Baccalaureate)) for the year 2020 - 2021



Application ID : MPH20100347

Mode of Admission : Non Sponsored

Personal Details	
Full Name	KALYANI AVINASH DESHPANDE
Nationality	Indian
Date of Birth	21-03-1998
Gender	Female
Annual Family Income (₹)	6,00,001 - 7,00,000
Category-Caste	OPEN
Back Minority/Linguistic Minority	N.A.
PWD Type	N.A.
Year of Candidature	Maharashtra State Candidate - Type A
EWS Status	N.A.
Orphan Status	N.A.

Acceptance Fee is filled by online payment of Rs. 1000/-

Amount (₹)	Payment Status	Transaction Id
1000/-	Successful	order_GUH0uox8VC8171


All India Merit Number 3392
Allotted Choice Code 426581910
Allotted Seat Type CAPMIM
Preference No. 7

Institute Details	
Institute	Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur
Tuition Fees (₹)	80000/-
Development Fees (₹)	10000/-
Other Fees (₹)	0/-
Total Fees (₹)	90000/-
Course	426581910-Pharmacognosy
Admission Date	28-01-2021
Admission Type	CAP Round
Remark	Verified and Admitted

I, the Candidate, hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of this college, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the authorities of the college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the Government and the undertaking given above.

28-01-2021

Kalyani
Signature of The Candidate
(KALYANI AVINASH DESHPANDE)



INSTITUTE USE ONLY

We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on verification of the Candidate's details and the Candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in accordance with the rules and regulations of the Government.

Lokmanya Tilak Jankalyan Shikshan
Sanstha's Priyadarshini J. L. college of
Pharmacy, Nagpur

Kalyani
Signature of Institute Officer (4265)

On: 28-01-2021 02:05:22 PM
On: 28-01-2021 02:05:24 PM

[Signature]
PRINCIPAL
Priyadarshini J. L. College of
Pharmacy, Nagpur.

Reported By:4265
Printed By:4265



State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.
(M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for Admission to
First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M.
Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021



Registration ID : MPH20102898

Mode of Admission : Non Sponsored

Personal Details	
Full Name	HEDAOD MONU YASHWANT
Nationality	Indian
Date of Birth	26-10-1995
Category-Caste	SBC (SBC / OBC)
Religious Minority/Linguistic Minority	N.A.
PWD Type	N.A.
Type of Candidature	Maharashtra State Candidate - Type A
EWS Status	N.A.
Gender	Female
Annual Family Income (₹)	59,991 - 1,00,000
Orphan Status	N.A.
Acceptance Fee is filled by online payment of Rs. 1000/-	
Amount (₹)	<input type="checkbox"/> 1000/-
Payment Status	Successful
Transaction Id	order_GV20/LEBG/ECG

All India Merit Number 531
Allotted Choice Code 426581910
Allotted Seat Type GOPEN
Preference No. 5

Details	
Institute	Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur
Tuition Fees (₹)	80000/-
Development Fees (₹)	10000/-
Other Fees (₹)	0/-
Total Fees (₹)	90000/-
Remark	Admitted
Course	426581910-Pharmacognosy
Admission Date	29-01-2021
Admission Type	CAP Round

I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not engage in any activity which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/College has the right to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undersigned officer.

11-2021

Hedaod
Signature of The Candidate
(HEDAOD MONU YASHWANT)

INSTITUTE USE ONLY
By the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on verification of Candidate's Identity. The candidate's details mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Lokmanya Tilak Jankalyan Shikshan Sanstha's
Priyadarshini J. L. college of pharmacy, Nagpur

On: 29-01-2021 04:44:51 PM

Printed On: 29-01-2021 04:45:53 PM

Validated On: 29-01-2021 04:44:51 PM

Kapadiya
Signature of Institute Officer (4265)

Reported By: 4265

Printed By: 4265

Last Modified By: 4265

Forney
PRINCIPAL
Priyadarshini J. L. College of
Pharmacy, Nagpur.



State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelior Building, A.K. Nayak Marg, Fort, Mumbai-400001.
(M.S.)



Receipt-cum-Acknowledgement of Institute Reporting for Admission to
First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M.
Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021

Mode of Admission : Non Sponsored

Application ID : MPH20105793

Personal Details

Full Name : IKHANKAR MAYUR ASHOK
Nationality : Indian
Date of Birth : 05-05-1999
Category-Caste : OPEN
Religious Minority/Linguistic Minority : N.A.
PWD Type : N.A.
Type of Candidature : Maharashtra State Candidate - Type A
Orphan Status : N.A.
EWS Status : N.A.
Gender : Male
Annual Family Income (₹) : 6,00,000 - 7,00,000

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹) 1000/-

Payment Status : Successful

Transaction Id : order_Guddiqn5gZTRag

Allotment Details

All India Merit Number : 3112
Allotted Choice Code : 426582210
Allotted Seat Type : CAPMIM
Preference No. : 7

Reporting Details

Institute	Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur	
Tuition Fees (₹)	80000/-	Course : 426582210-Pharmaceutical Chemistry
Development Fees (₹)	10000/-	Admission Date : 29-01-2021
Other Fees (₹)	0/-	Admission Type : CAP Round
Total Fees (₹)	90000/-	
Remark	Admitted	

Declaration by Candidate: I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/Institute I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/College will have rights to expel/notify me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given etc.

Date : 29-01-2021

Signature of The Candidate
(IKHANKAR MAYUR ASHOK)

Place : NAGPUR



INSTITUTE USE ONLY

Declaration by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on verification of Candidate's Identity. The candidate has paid the fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Lokmanya Tilak Jankalyan Shikshan Sanstha's
Priyadarshini J. L. college of pharmacy, Nagpur

Signature of Institute Officer (4265)

Reported On : 29-01-2021 02:08:39 PM

Printed On : 29-01-2021 02:08:42 PM

Last Modified On : 29-01-2021 02:08:39 PM

Reported By: 4265

Printed By: 4265

Last Modified By: 4265

PRINCIPAL
Priyadarshini J. L. College of
Pharmacy, Nagpur

12/01/2021



State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.
(M.S.)



Receipt-cum-Acknowledgement of Institute Reporting for Admission to
First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M.
Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021

Application ID : MPH20103184

Mode of Admission : Non Sponsored

Personal Details

Full Name	NIMBEKAR VAIBHAV SANTOSH	
Nationality	Indian	Gender Male
Date of Birth	20-04-1998	Annual Family Income (₹)) 6,00,001 - 7,00,000
Category-Caste	NT 1 (NT-B)	
Religious Minority/Linguistic Minority	N.A.	
PWD Type	N.A.	
Type of Candidature	Maharashtra State Candidate - Type A	
EWS Status	N.A.	Orphan Status N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input checked="" type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	order: GU6JlXcY51228
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Allotment Details

All India Merit Number	3173
Allotted Choice Code	426582210
Allotted Seat Type	CAPMIM
Preference No.	1

Reporting Details

Institute	Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur	
Tuition Fees (₹)	80000/-	Course 426582210-Pharmaceutical Chemistry
Development Fees (₹)	10000/-	Admission Date 28-01-2021
Other Fees (₹)	0/-	Admission Type CAP Round
Total Fees (₹)	90000/-	
Remark	Admitted	

Declaration by Candidate I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/College will have rights to expel, replicate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 28-01-2021

Place: Nagpur

Nimbekar

Signature of The Candidate
(NIMBEKAR VAIBHAV SANTOSH)

INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on verification of Candidate's Identity. The Candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Lokmanya Tilak Jankalyan Shikshan Sanstha's
Priyadarshini J. L. college of pharmacy, Nagpur

Reported On : 28-01-2021 05:33:36 PM

Printed On : 28-01-2021 05:35:23 PM

Last Modified On : 28-01-2021 05:33:36 PM

Signature of Institute Officer (4265)

Kopesh

Reported By: 4265
Printed By: 4265
Last Modified By: 4265

PRINCIPAL
Priyadarshini J. L. College of
pharmacy, Nagpur.



२०२०-२०२१

State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001,
(M.S.)



Receipt-cum-Acknowledgement of Institute Reporting for Admission to
First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M.
Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021



Application ID : MPH20101697

Mode of Admission : Non Sponsored

Personal Details

Full Name	BHOPE ASHWINI GAJANAN		
Nationality	Indian	Gender	Female
Date of Birth	26-01-1999	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OBC		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	order_GUG2mvEv6BWRP1
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Allotment Details

All India Merit Number	2157
Allotted Choice Code	426582210
Allotted Seat Type	GOPEN
Preference No.	1

Reporting Details

Institute	Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur		
Tuition Fees (₹)	40000/-	Course	426582210-Pharmaceutical Chemistry
Development Fees (₹)	10000/-	Admission Date	28-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	50000/-		
Remark	Admitted		

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/college will have rights to expel, rusticate me from the Institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 28-01-2021

Signature of The Candidate
(BHOPE ASHWINI GAJANAN)



Place :

INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on verification of Candidate's identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Lokmanya Tilak Jankalyan Shikshan Sanstha's
Priyadarshini J. L. college of pharmacy, Nagpur

Signature of Institute Officer (4265)

Reported On : 28-01-2021 05:49:44 PM

Printed On : 28-01-2021 05:52:16 PM

Last Modified On : 28-01-2021 05:49:44 PM

Reported By: 4265
Printed By: 4265
Last Modified By: 4265

Principal
Priyadarshini J. L. College of
Pharmacy, Nagpur.



सत्यमेव जयते

State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-
400001. (M.S.)



Receipt-cum-Acknowledgement of Institute Reporting for
Admission to First Year Of Two Year Full Time Post-Graduate
Course In Pharmacy (M. Pharmacy / Pharm. D. (Post
Baccalaureate)) for the year 2020 - 2021



Application ID : MPH20100841

Mode of Admission : Non Sponsored

Personal Details

Full Name	BANA TURAB ALI AMIN ALI		
Nationality	Indian	Gender	Male
Date of Birth	01-01-1999	Annual Family Income (₹)	6,00,000 - 7,00,000
Category-Caste	OPEN		
Religious Minority/Linguistic Minority	Religious Minority - Muslim/Linguistic Minority - Gujarathi		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_G00WweDx511XJc
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Allotment Details

All India Merit Number	845
Allotted Choice Code	322881710
Allotted Seat Type	CAPMI
Preference No.	3

Reporting Details

Institute	SVKM's Dr. Bhanuben Nanavati College of Pharmacy, Mumbai		
Tuition Fees (₹)	132158/-	Course	322881710-Pharmaceutics
Development Fees (₹)	17482/-	Admission Date	12-01-2021
Other Fees (₹)	11297/-	Admission Type	CAP Round
Total Fees (₹)	160937/-		
Remark			

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date:12-01-2021

Place :

Turab Ali
Signature of The Candidate
(BANA TURAB ALI AMIN ALI)



INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

PRINCIPAL

Pravara J. L. College of
Pharmacy, Nagpur.



Institute of Chemical Technology

रसायन तंत्रज्ञान संस्था

048496

(University under Section - 3 of UGC Act 1956)

Elite Status & Centre of Excellence - Government of Maharashtra

Nathalal Parekh Marg, Matunga, MUMBAI - 400 019, INDIA

SEMESTER GRADE REPORT

ICT45535

Programme Name: M.Pharm

Full name as per candidate's earlier record

PRANAL MORESHWAR DHARMIK



Father's name : MORESHWAR

Mother's name : LATA

Date of Birth : Mar 25, 1998

Aadhar/Passport No. : XXXXXXXX6185

Enrollment Number							Semester		
2	0	P	H	C	2	0	3	II (SECOND SEMESTER)	

Course Code	Course Name	Course Credit	Grade	Month & Year of Passing
PBT2121	APPLIED STATISTICS	3.0	AB	APRIL - MAY 2021
PHP2507	ADVANCED PHARMACEUTICAL AND MEDICINAL CHEMISTRY LABORATORY	3.0	CC	APRIL - MAY 2021
PHP2523	RESEARCH PROJECT II	9.0	BC	APRIL - MAY 2021
PHT2022	ACTIVE PHARMACEUTICAL INGREDIENTS TECHNOLOGY	3.0	BB	APRIL - MAY 2021
PHT2204	SPECTROSCOPY	3.0	AD	APRIL - MAY 2021
PHT2205	ADVANCED MEDICINAL CHEMISTRY - II	3.0	CC	APRIL - MAY 2021
PHT2206	ADVANCED PHARMACEUTICAL CHEMISTRY	3.0	BC	APRIL - MAY 2021

Grade Point Per Credit :

AA-10, AB-9, BB-8, BC-7, CC-6.5, CD-6, DD-5.5, EE-5, FF-4, XX-0, I-0, FR-0, DR-0

Current Semester Record			Cumulative Semester Record		
Earned Credits	Grade Points	SGPA	Earned Credits	Grade Points	CGPA
27.0	201.0	7.44	54.0	405.0	7.50

Semester Remark : PASS

Overall Remark : PASS

A.R. (Academic)

Controller of Examinations

Registrar

Result Declared on: Oct 29, 2021

Issue Date: Nov 10, 2021

®

PRINCIPAL
Priyadarshini J. L. College of
Pharmacy, Nagpur.



State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-
400001. (M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for
Admission to First Year Of Two Year Full Time Post-Graduate
Course In Pharmacy (M. Pharmacy / Pharm. D. (Post
Baccalaureate)) for the year 2020 - 2021



Application ID : MPH20102715

Mode of Admission : Non Sponsored

Personal Details

Full Name	NAGOSHE DEEPIKA RAMBHAU		
Nationality	Indian	Gender	Female
Date of Birth	06-10-1998	Annual Family Income (₹)	50,001 - 1,00,000
Category-Caste	OBC		
Religious Minority/Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	₹ 1000/-	Payment Status	Successful	Transaction Id	order_GOK61QAufcg55X
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Allotment Details

All India Merit Number	1538
Allotted Choice Code	638057510
Allotted Seat Type	GOBC
Preference No.	26

Reporting Details

Institute	Marathwada Mitra Mandal's College of Pharmacy, Thergaon(Kalewadi) ,Pune		
Tuition Fees (₹)	58453/-	Course	638057510-Pharmaceutical Quality Assurance
Development Fees (₹)	13094/-	Admission Date	27-01-2021
Other Fees (₹)	0/-	Admission Type	CAP Round
Total Fees (₹)	71547/-		
Remark	Verified & Confirm		

Declaration by Candidate - I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the Institute/college will have rights to expel, suspend me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above

Date: 27-01-2021

Place: PUNE

Signature of The Candidate
(NAGOSHE DEEPIKA RAMBHAU)

INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

[Signature]
PRINCIPAL
Priyadarshini J. L. College of
Pharmacy, Nagpur.

ser (6380)
By:6380
6380
890



Hyderabad (Sind) National Collegiate Board's
PRIN. K. M. KUNDNANI COLLEGE OF PHARMACY
(Govt. Aided, Approved by AICTE & PCI, Affiliated to University of Mumbai)
Plot No.23, Jote Joy Building, Rambhau Salgaonkar Marg, Cuffe Parade,
Colaba, Mumbai - 400 005.
Tel. 822-2216 4368 / Email : kmkcp@rediffmail.com

Nikhil shahu

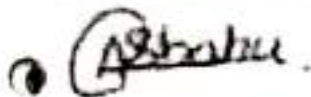


Class. : S. Y. M. Pharm

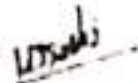
Date of Birth : 24/03/1999 Blood Group A+

Add.: 103, Kohinoor, mhada society, cotton
green station, mumbai

Contact No.: 7387144273



Student's Sign.



Principal's Sign



PRINCIPAL
Priyadarshini J. L. College of
Pharmacy, Nagpur.

1/20/22, 12:02 PM

Priyadarshini J.L. College of Pharmacy(Degree)

Priyadarshini J.L. College of Pharmacy(Degree)
 (Lokmanya Tilak Jan Kalyan Shikshan Sanstha, Nagpur (M.S.))
 MIDC, Hingna Road, NAGPUR - 440 016 Ph. No. 07104 - 232169

RECEIPT

Contact No.	: 8858004718	Prepared by	: Mr. Pravin Haribhai Gajjar
Receipt No.	: JLCCP/2021/707	Date	: 20-07-2022
Branch	: Master in Pharmaceutical Chemistry	Year	: 2nd Year
Enrollment No.	:	ERP Id	: 205100052
Received From	: SAMRUDDHI SUNILRAO KHONDE	Session	: 2021 - 2022
The Sum of Rs.	: By Bank 30000.00	Bank Trans No.	: UTR 213178190144
Drawn on	: Indian Bank	Dated	: 10-06-2022

Regarding payments as under

Sr. No.	Particulars	Amount
1.	Tuition Fee	30000.00
2.	Caution Money	0.00
3.	Developments	0.00
4.	Student Activity	0.00
5.	Adv/Ret/Misc Fees	0.00
6.	Hostel Fees	0.00
7.	Nasa	0.00
8.	Other Fees	0.00
9.	Misc/Adv	0.00
10.	New Sess. Adv	0.00
11.	Miscellaneous	0.00
12.	Student Insurance	0.00
Total Fees		30000.00

In Words : Thirty Thousand Rs. Only

Cashier

THIS RECEIPT IS ESSENTIAL FOR COLLECTING ADMISSION / LCARD

Print

[Signature]
 PRINCIPAL
 Priyadarshini J. L. College of
 Pharmacy, Nagpur.



सत्यमेव जयते

State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.
(M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for Admission to
First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M.
Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021



Application ID : MPH20103306

Personal Details		Mode of Admission : Non Sponsored	
Full Name	RAUT, ULKA RAJENDRA	Gender	Female
Nationality	Indian	Annual Family Income (₹)	50,001 - 1,00,000
Date of Birth	29-12-1998		
Category-Caste	SC		
Religious Minority / Linguistic Minority	N.A.		
PWD Type	N.A.		
Type of Candidature	Maharashtra State Candidate - Type A		
EWS Status	N.A.	Orphan Status	N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹)	<input checked="" type="checkbox"/> 1000/-	Payment Status	Successful	Transaction Id	order_GUcmVD7VEjVYDm
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Allotment Details	
All India Merit Number	3182
Allotted Choice Code	426582110
Allotted Seat Type	CAPMIM
Preference No.	24

Reporting Details	
Institute	Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur
Tuition Fees (₹)	0/-
Development Fees (₹)	0/-
Other Fees (₹)	0/-
Total Fees (₹)	0/-
Remark	Admitted

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college has the right to expel, suspend me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given.

Date: 28-01-2021

Place : *Nagpur*


 Signature of The Candidate
 (RAUT ULKA RAJENDRA)

INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Of Two Year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020 - 2021 on Verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Lokmanya Tilak Jankalyan Shikshan Sanstha's Priyadarshini J. L. college of pharmacy, Nagpur	Signature of Institute Officer (4265)
Reported On: 28-01-2021 05:31:38 PM	Reported By: 4265
Printed On : 28-01-2021 05:33:20 PM	Printed By: 4265
Last Modified On : 28-01-2021 05:31:38 PM	Last Modified By: 4265

[Signature]

PRINCIPAL
Priyadarshini J. L. College of
Pharmacy, Nagpur.



State Common Entrance Test Cell, Maharashtra State, Mumbai
8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-
400001. (M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for Admission
to First Year Of Two Year Full Time Post-Graduate Course In
Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the
year 2020 - 2021



Application ID : MPH20100430

Mode of Admission : Non Sponsored

Personal Details

Full Name SHRIKHANDI MAYURI NARAYAN
Nationality Indian Gender Female
Date of Birth 05-04-1998 Annual Family Income (₹) 15,001 - 50,000
Category-Caste OBC
Religious Minority/Linguistic Minority N.A.
PWD Type N.A.
Type of Candidature Maharashtra State Candidate - Type A
EWS Status N.A. Orphan Status N.A.

Seat Acceptance Fee is filled by online payment of Rs. 1000/-

Paid Amount (₹) ₹ 1000/- Payment Status Successful

Transaction ID order_GLURuZ00LXPHL

Allotment Details

All India Merit Number 608
Allotted Choice Code 100382010
Allotted Seat Type GOBC
Preference No. 4

Reporting Details

Institute Government College of Pharmacy, Amravati
Tuition Fee (₹) 15000/-
Development Fee (₹) 10000/-
Other Fee (₹) 11265/-
Total Fee (₹) 36265/-
Course 100382010-Pharmacognosy and Physicochemistry
Admission Date 28-01-2021
Admission Type CAP Round

Remark confirm admission

Declaration by Candidate : I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of respective Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the ultimate control of the Institute/College will have rights to expel, suspend me from the institute, for any infringement of the rules prescribed by the college/institute/university/Government and the undertaking given above.

Date: 28-01-2021

Place :

Shrikhandi
Signature of The Candidate
(SHRIKHANDI MAYURI NARAYAN)



INSTITUTE USE ONLY

Declaration by the College/Institute : We hereby declare that, we are admitting this Candidate in our College / Institute for First Year Of Two year Full Time Post-Graduate Course In Pharmacy (M. Pharmacy / Pharm. D. (Post Baccalaureate)) for the year 2020-2021 on verification of Candidate's Identity. The candidate has paid the fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of Government College of Pharmacy, Amravati

Reported On : 28-01-2021 02:36:19 PM

Printed On : 28-01-2021 02:36:22 PM

Last Modified On : 28-01-2021 02:36:19 PM



Principal
Govt. Pharmacy College,
Signature of Institute Officer (1003)

Reported By: 1003

Printed By: 1003

Last Modified By: 1003

J. L. Negur
PRINCIPAL
Prdyadaruhini J. L. College of
Pharmacy, Negur

SKBian...

PG



**MUSKAN
MOTWANI**
STUDENT
Pharmaceutics
M. PHARM II YEAR

Shri Sadashivrao Patil Shikshan sanstha's
**SMT. KISHORITAI BHOYAR
COLLEGE OF PHARMACY**



www.skb.edu.in

Handwritten signature
Priyadarsini J. L. College of
Pharmacy, Hapur.