

Teacher /Faculty details

Part –I

Teacher’s details working in the institute

Sr. no.	Post	Name	MSBNPE Teacher code	Date of joining (dd/mm/yr)	Total experience in present institute
	Principal				
	Vice-principal				
	Senior tutor				
	Junior tutor				
	Junior tutor				
	Junior tutor				
	Junior tutor				
	Junior tutor				

Date:

Place:

Countersigned by the Principal

Part- II

PHOTOGRAPH
TO BE
COUNTERSIGNED
BY THE
PRINCIPAL

Individual teacher information:

1. Teacher name: -
2. Age: -
3. Gender: - Male/Female
4. Complete Residential Address: -.....
.....
.....Pin code.....
5. Mobile No: -.....E-mail Id: -.....
6. Pan card No:-.....
7. Aadhar Card No:-.....
8. MNC Registration no.:-..... Renewal date.../.../.....
9. Speciality (If Msc Nursing)
10. Current teaching Institution/Organisation: -.....
11. Current/Present Designation: -.....
12. Date of joining of present Institute: -.....
13. Appointment: - i) Regular /Contractual, ii)Full time/Part Time
14. **Details of employment before Joining Present Institution: -**
 - a. Name of college/Institute:-
 - b. Designation:-.....
 - c. Date On which relieved:-.../...../.....
 - d. Reason for being relieved:Retired/transferred /Terminated
 - e. Relieving order issued by previous institution verified and attached: Yes /No

15. Education qualification: -

Sr. no.	Qualification with dates & where obtained			
	Course	College	Board/University	Year

16. Experience details

Sr.no.	Experience				
	Position	Inst.	From	To	Total Experience in Year

17.

Month	Salary Paid	TDS Cut
MARCH		
APRIL		
MAY		
JUN		
JULY		
AUG		
SEPT		
OCT		
NOV		
DEC		
JAN		
FEB		

DECLARATION

1. I, Mrs/Mr.....am working as
.....(designation) in the
.....nursing college and do hereby give an undertaking that, I am a full time teacher, working from 9.30 am to 5.30 pm daily at this nursing college/Institute.
2. I have not presented myself to any other nursing college as faculty/teacher in the current academic year for the purpose of MSBNPE inspection/assessment.
3. I am not working in any private or Government hospital or community health officer (CHO)
4. My complete details with regards to work experience have been provided and nothing has been concealed by me.
5. It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. 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 and registration from Maharashtra nursing council).

Date:

Place:

Name and signature of the employee

ENDORSEMENT

1. 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 above mentioned declaration as true and correct. I have verified the certificates / documents submitted by the candidate with the original certificates/documents as submitted by the teacher to the nursing college/Institute and with the concerned nursing college/Institute and have found them to be correct and authentic.
2. I also confirm that. Mrs/Mr..... is not working in any private or government hospital or carrying out any other activity during college working hours i.e. from 9.30 am to 5.30 pm since she/he joined the nursing college.
3. 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.

Date:

Place:

Countersigned by the Principal