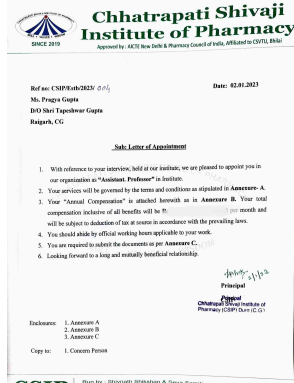
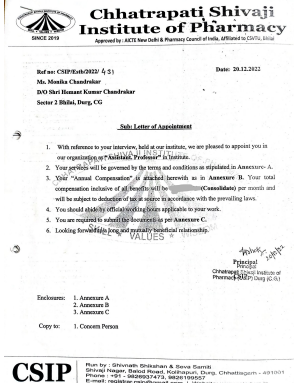


M.Pharm 2021-22

S.No	Name	Placement
1	Pragya Gupta	 <p>Chhatrapati Shivaji Institute of Pharmacy Approved by: AICTE New Delhi & Pharmacy Council of India, Affiliated to CPTEL, BSNL</p> <p>Ref no: CSIP/Pharm/2022-01/1 Date: 02.01.2022</p> <p>Ms. Pragya Gupta BPO Shift Topickover Gupta Rajgarh, CG</p> <p>Sub: Letter of Appointment</p> <ol style="list-style-type: none"> With reference to your interview, held at our Institute, we are pleased to appoint you in our organization as "Assistant Professor" in Institute. Your services will be governed by the terms and conditions as stipulated in Annexure - A. Your "Annual Compensation" is attached herewith as in Annexure - B. Your total compensation inclusive of all benefits will be Rs. _____ per month and will be subject to deduction of tax at source in accordance with the prevailing laws. You should abide by official working hours applicable to your work. You are required to submit the documents as per Annexure C. Looking forward to a long and mutually beneficial relationship. <p>Principal Chhatrapati Shivaji Institute of Pharmacy (CSIP), Dum (C.G.)</p> <p>Enclosures: 1. Annexure A 2. Annexure B 3. Annexure C</p> <p>Copy to: 1. Co-convener Person</p> <p>CSIP Plot No. Shivajinagar Shivajinagar & Sona Samsid District Raigarh, Raigarh, Chhattisgarh, India. Chhatrapati Shivaji Institute of Pharmacy Phone: +91-9826037472, 9826119007, 9826119008 E-mail: registrar@csipgroup.com Website: www.csipgroup.in</p>
2	Monika Chandrakar	 <p>Chhatrapati Shivaji Institute of Pharmacy Approved by: AICTE New Delhi & Pharmacy Council of India, Affiliated to CPTEL, BSNL</p> <p>Ref no: CSIP/Pharm/2022-01/1 Date: 20.12.2021</p> <p>Ms. Monika Chandrakar BPO Shift Bhanat Kumar Chandrakar Sector 2 Bina, Deori, CG</p> <p>Sub: Letter of Appointment</p> <ol style="list-style-type: none"> With reference to your interview, held at our Institute, we are pleased to appoint you in our organization as "Assistant Professor" in Institute. Your services will be governed by the terms and conditions as stipulated in Annexure - A. Your "Annual Compensation" is attached herewith as in Annexure - B. Your total compensation inclusive of all benefits will be Rs. _____ (Cash/Inkind) per month and will be subject to deduction of tax at source in accordance with the prevailing laws. You should abide by official working hours applicable to your work. You are required to submit the documents as per Annexure C. Looking forward to a long and mutually beneficial relationship. <p>Principal Chhatrapati Shivaji Institute of Pharmacy (CSIP), Dum (C.G.)</p> <p>Enclosures: 1. Annexure A 2. Annexure B 3. Annexure C</p> <p>Copy to: 1. Co-convener Person</p> <p>CSIP Plot No. Shivajinagar Shivajinagar & Sona Samsid District Raigarh, Raigarh, Chhattisgarh, India. Chhatrapati Shivaji Institute of Pharmacy Phone: +91-9826037472, 9826119007, 9826119008 E-mail: registrar@csipgroup.com Website: www.csipgroup.in</p>