

M.VAHED HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL



At.Po.Anwa Pada Tq.Bhokardan Dist.Jalna-431112

Date: 11/9/21

Sr No. MUHMC/9/21/2

To,
SK. Mujeeb Aziz
At Post Shivra
Tal Silled

Sub: Appointment letter.

Dear :-

With reference to your application and subsequent interviews with us .It has been decided to Appoint you as Dispenser with a mutually agreed upon total consolidated salary with no claims of any other present or future benefits. Service tax or Govt. tax will be deducted as per rule.

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

1. You will join your duties within 15 days from appointment
2. Your appointment is for a period of **Eleven Months** from the date of joining and you will automatically. be deemed to be relieved on completion of Eleven months. if you wish to resign, you need to give 1 month of a notice i.e. you will be relived after receipt of you resignation letter 1 months of notice period.
3. You will carry out all the duties, functions and responsibilities assigned to you by head of the department or principal.
4. You services may be terminated at any time without notice and without assigning any reason.
5. You will be bound by the discipline and conduct rules. With or regulations and procedure of the institute
6. This is the full time engagement with the institute , you will not be permitted to do any full time or part time work of any nature elsewhere with or remuneration.
7. This appointment does not carry any superannuation or service termination benefits.
8. The Management reserves the rights to amend, alter, modify or vary any of the conditions passed without assigning any reasons.
9. You shall have to produce certified copies of all qualifying examinations passed from SSC onwards and recent passport size two color photographs.
10. You will abide by all present and future rules and regulations that may come in force during your service period.

Yours faithfully,

Authorized signatory

रियाजुल उलुम वेलफेअर ट्रस्ट
भान्वा ना भोकर्दन जि. जालना

JOINING REPORT

TO,

THE PRINCIPLE

M.VAHED HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL

ANWA PADA 43112

SUBJECT= JOINING REPORT

R/SIR

With reference to appointment order I am submitting herewith MY joining report from today, I shall abide to term and condition, and will give my best.

I feel that I can make a significant contribution for our hospital.

Thus, I am grateful for the opportunity you have presented me with.

Swilka Mujeeb

01/09/2021

Thanking you

(M)

*Accepted & allowed
to
Join*

PRINCIPAL
M.VAHED HOMEOPATHIC
MEDICAL COLLEGE
& RESEARCH CENTER'S
At.Po.Anwa Pada Tq.Bhokardan
Dist.Jalna-431112



Maharashtra State Pharmacy Council

Certificate No. 204259

Date of Registration 15-February-2017

This is to certify that withinsigned

SHAIKH MUJEEB AZIZ

has been duly registered as a

Registered Pharmacist

and is entitled to all the privileges granted under the Pharmacy Act, 1948 (8 of 1948).

His/Her date of birth as per record is 15-July-1996 In witness

whereof are herewith affixed the seal of the Maharashtra State Pharmacy Council and the signature of the Registrar of the Pharmacy Council.



Registrar

Every person receiving a certificate under this Act shall keep the same conspicuously displayed in the place of business where he is working in his capacity as a Registered Pharmacist and shall notify the Registrar of the Pharmacy Council any change of place of business.

This certificate is the property of the Maharashtra State Pharmacy Council and is issued to the abovenamed Pharmacist under sub-section (4) of section 33 of the Pharmacy Act, 1948.

0004

Valid Upto 1 Dec 2048

PLEASE QUOTE YOUR REGISTRATION
NUMBER IN ALL YOUR CORRESPONDANCE



Registrar

SHAIKH MUJEEB AZIZ

has been registered on his qualifications D.PHARM

Issued P.P.P bearing No N/142911 Dt. 15/02/2017 Valid Upto 2021
MSPBNM/REG-CERT/2017

Receipts :

Advance Renewal Fees in Lumpsum (ARFL)		
Receipt No.	Date	Amount
1) AD113712	13/02/2017	1500



महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे
Maharashtra State Board Of
Secondary and Higher Secondary Education, Pune

औरंगाबाद विभागीय मंडळ / AURANGABAD DIVISIONAL BOARD

उच्च माध्यमिक प्रमाणपत्र परीक्षा - गुणपत्रक (पुनर्रचित - 2014 पासून)

HIGHER SECONDARY CERTIFICATE EXAMINATION - STATEMENT OF MARKS (REVISED FROM-2014)

शाखा STREAM	आसन क्रमांक SEAT NO.	केन्द्र क्रमांक CENTRE NO.	जिल्हा व उच्च.माध्य.शाळा क्रमांक DIST. & HR. SEC. SCHOOL NO.	परीक्षेचा महिना व वर्ष MONTH & YEAR OF EXAM.	गुणपत्रकेचा अनुक्रमांक SR. NO. OF STATEMENT
SCIENCE	R033646	0344	61.07.002	FEBRUARY-14	097664

उमेदवाराचे संपूर्ण नाव (आडनाव प्रथम) / CANDIDATE'S FULL NAME (SURNAME FIRST)

Shaikh Mujeeb Shaikh Aziz

उमेदवाराच्या आईचे नाव / CANDIDATE'S MOTHER'S NAME

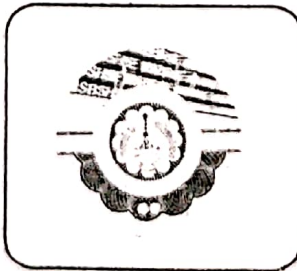
Shakera Begum

विषयाचा सांकेतिक क्रमांक व विषयाचे नाव Subject Code No. and Subject Name	*माध्यम Medium	कमाल गुण Max. Marks	प्राप्त गुण / Marks Obtained		
			In Figures	In Words	
01 ENGLISH	ENG	100	035	THIRTYFIVE	
36 ARABIC	URD	100	097	NINETYSEVEN	
45 SOCIOLOGY	URD	100	076	SEVENTYSIX	
54 PHYSICS	URD	100	040	FORTY	
55 CHEMISTRY	URD	100	067	SIXTYSEVEN	
56 BIOLOGY	URD	100	066	SIXTYSIX	
31 ENVIRONMENT EDUCATION	URD	050	043	FORTYTHREE	
30 HEALTH & PHYSICAL EDUCATION (GRADE)	A				
Result / निकाल PASS	Percentage / टक्केवारी 65.23	एकूण गुण / Total Marks	650	424	FOUR HUNDRED AND TWENTYFOUR

H140497664

4616669675453

महत्वाचे, टीप, आरोग्य व शारीरिक शिक्षण विषयातील श्रेणी आणि चिन्हांची माहिती यांचा तपशील भागील पृष्ठावर पहावा.
See overleaf for Important, Notes, Grades In Health & Physical Education Subject and meaning of special characters.



Shakera Begum

विभागीय सचिव/Divisional Secretary



महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे
Maharashtra State Board Of
Secondary and Higher Secondary Education, Pune

औरंगाबाद विभागीय मंडळ / AURANGABAD DIVISIONAL BOARD

माध्यमिक शालान्त प्रमाणपत्र परीक्षा - गुणपत्रक

SECONDARY SCHOOL CERTIFICATE EXAMINATION - STATEMENT OF MARKS

आसन क्रमांक SEAT NO.	केन्द्र क्रमांक CENTRE NO.	जिल्हा व शाळा क्रमांक DIST. & SCHOOL NO.	परीक्षेचा महिना व वर्ष MONTH & YEAR OF EXAM.	गुणपत्रकेचा अनुक्रमांक SR.NO. OF STATEMENT
K043481	1640	56.06.018	MARCH-2012	046255

उमेदवाराचे संपूर्ण नाव (आडनाव प्रथम) / CANDIDATE'S FULL NAME (SURNAME FIRST)

Shaikh Mujeeb Shaikh Aziz

उमेदवाराच्या आईचे नाव / CANDIDATE'S MOTHER'S NAME **Shakera Begum**

विषयाचा सांकेतिक क्रमांक व विषयाचे नाव Subject Code No. and Subject Name	कमाल गुण Max. Marks	प्राप्त गुण किंवा श्रेणी / Marks or Grade Obtained		
		In Figures	In Words	
04 URDU (1ST LANG)	100	061	SIXTYONE	
AB MARATHI-HINDI (2/3 LANG)	100	079	SEVENTYNINE	
17 ENGLISH (2/3 LANG)	100	037	THIRTYSEVEN	
71 MATHEMATICS	150	052	FIFTYTWO	
72 SCIENCE & TECHNOLOGY	100	043	FORTYTHREE	
73 SOCIAL SCIENCES	100	053	FIFTYTHREE	
K2 DOLL & SOFT TOYS MAKING	*	A		
P1 HEALTH & PHYSICAL EDUCATION	*	A		
P6 SOCIAL SERVICE	*	A		
R6 PERSONALITY DEVELOPMENT	*	A		
38 ENVIRONMENT EDUCATION	*	A		
Result / निकाल PASS	Percentage/टक्केवारी 54.60	एकूण गुण / Total Marks 500	273	TWO HUNDRED AND SEVENTYTHREE

S120446255

3426659727915



महत्वाचे, टीप, कार्यानुभव व शालेय विषयातील श्रेणी आणि
चिन्हांची माहिती यांचा तपशील यागील पृष्ठावर पहावा.
See overleaf for Important, Notes, Grades in
work experience & school subjects and
meaning of special characters.

विभागीय सचिव/Divisional Secretary



भारत सरकार
Government of India



मुजीब शे. अजीज
Mujeeb Sk Aziz
जन्म तारीख / DOB : 01/01/1996
पुरुष / Male



3690 5002 3916

अधिकार - सामान्य माणसाचा अधिकार



भारतीय विशिष्टताधिकार प्राधिकरण
Unique Identification Authority of India

पत्ता S/O: अजीज, मु शिवना ता
गिल्लोड, शिवना, शिवना, औरंगाबाद,
महाराष्ट्र, 431132

Address: S/O: Aziz, at shivna to sillod,
Shivna, Shivna, Aurangabad, Maharashtra
431132

3690 5002 3916



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOV. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DVCPA9169J



नाम / Name
MUJEEB SK AZIZ

पिता का नाम / Father's Name
AZIZ KHALIL SHAIKH

20092020

जन्म की तारीख /
Date of Birth
01/01/1996


हस्ताक्षर / Signature