

**THAKUR BHEDJEET SINGH EDUCATION SOCIETY**  
ADD- 410-A NARSIPURAM MATHURA

Mob- 9760511110

Annexure-C

1. I Mahesh kumar, give my consent to join as teaching faculty  
(Name of faculty member)

in DS Pharmacy College, Barauli, Maharan, Mathura UP  
(Name of institution with full address)

in case, the said institution gets approval from the PCI.

2. My qualifications are as under -

a. B.Pharm

b. M.Pharm

(indicate specialization)



Pharmaceutics

c. Ph.D



3. I Mahesh kumar, certify that the above consent letter is genuine and true  
(Name of Principal)

and I understand that providing false information by Principal may result in -

a) action against me under regulation (ix) and (x) of "Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2014"

b) rejection of the application of institution for approval and PCI in no way will be responsible.

4. I Mahesh kumar, Shall be duty bound to inform the PCI by having relieved  
(name of principal)

from the previous institution upon joining the Present institution.

Signature of faculty

Mahesh

Signature of Principal

Mahesh

Date

05/11/2022

अजीत सिंह  
प्रबन्धक/सचिव  
डॉ० भेदजीत सिंह एजुकेशन सोसाइटी  
410/ए. नरसीपुरम, मथुरा