

# PT NINUARAM SHIKSHA SAMITI

ADD- ADUKI, MATHURA

Mob- 9410813994

## Annexure-C

1. BHARAT KUMAR give my consent to join as teaching faculty  
(Name of faculty member)

in PT AK SHARMA COLLEGE OF PHARMACY, ADD- MATHURA

(Name of institution with full address)

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

2. My qualifications are as under -

- « B.Pharm
- M.Pharm   
(indicate specialization)
- « Ph.D

3. PREETI SOLANKI 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 PREETI SOLANKI Shall be duty bound to inform the PCI my having relieved  
(name of principal)

from the previous institution upon joining the Present institution.

Signature of faculty

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Signature of Principal

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Date

20-05-2023