

1. I, Amit Kumar, give my consent to join as teaching faculty in A.H. College of Pharmacy, (XX) Goreshpur, Bahmanpur, Deva Road, Lucknow-226018
2. In case, the said institution gets approval from the PCI.
3. My qualifications are as under:-

- B.Pharm
- M.Pharm (Indicate specialization)
- Ph.D

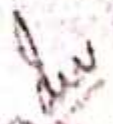
Pharmaceutical Analysis

3. I, Amit Kumar, certify that the above consent letter is genuine and true 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, Dr. Amit Kumar shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of Faculty Dr. Amit Kumar

Signature of Principal 

Date 25/5/23


Chairman
Albert Begun Memorial Trust
Lucknow