

Annexure-C

1. I Amardeep Singh give my consent to join as teaching faculty in A.B. College of Pharmacy, 183, Ganeshpur-Rahmanpur, Deva Road, Lucknow-226028, in case, the said institution gets approval from the PCI.

2. My qualifications are as under-

• B.Pharm

• M.Pharm (Indicate specialization)  P. certificates

• Ph.D

3. I Amardeep Singh 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 Amardeep Singh shall be duty bound to inform the PCI my having relieved.

from the previous institution upon joining the present institution.

Signature of faculty : AD Singh

Signature of Principal : [Signature]

Date 28/11/2022 :

Director  
A.B. College of Pharmacy  
183, Ganeshpur-Rahmanpur  
Deva Road, Lucknow.

[Signature]  
Chairman  
Akbari Begum Memorial Trust  
Lucknow