

Annexure-C

1. I Suvair, 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) Pharmaceutical Chemistry
- Ph.D

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

Signature of faculty : Suvair

Signature of Principal : [Signature]

Date 24/11/2022 : A.B. College of Pharmacy
183, Ganeshpur-Rahmanpur
Deva Road, Lucknow.

[Signature]
Chairman
Akbari Begum Memorial Trust
Lucknow