

Annexure-C

1. Sunil Chaudhary, 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) Pharmacuetics
- Ph.D

3. I Sunil Chaudhary 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 Sunil Chaudhary shall be duty bound to inform the PCI my having relieved.

from the previous institution upon joining the present institution.

Signature of faculty : Sunil

Signature of Principal : [Signature]

Date 28/11/2023 : Director
A.B. College of Pharmacy
183, Ganeshpur-Rehmanpur
Deva Road, Lucknow.

[Signature]
Chairman
Akbar Begum Memorial Trust
Lucknow