

Annexure-C

1. I Alvina Rahman Khan 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
 - Ph.D

3. I Sayash 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 Sayash Singh shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty :

Signature of Principal :
Director
A.B. College of Pharmacy
183, Ganeshpur-Rehmanpur
Deva Road, Lucknow.

Date : 25/11/2022

Chairman
Akbari Begum Memorial Trust
Lucknow