

Annexure C

1. VINOD KUMAR NISHAD (Name of faculty member) give my consent to join as teaching faculty in NIRMALA RAM ACHY VADAV PHARMACY COLLEGE VILLAGE/ PLOT-SADHA, TEHLIPATTA DISTT-FRATAPGARH, UTTAR PRADESH 20114 in case the said institution gets approval from the PCI.

2. My qualifications are as under -

- B PHARMA
- M PHARMA
- (Indicate specialization)
- P.H.D

3. I PRAMOD KUMAR PAL 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

a. I PRAMOD KUMAR PAL shall be duly bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty :

Vinod Kumar

Signature of Principal :

Pramod Pal

Date :

22/08/2023

प्रमोद कुमार
22/08/2023
प्रमोद कुमार