

Annexure-C

1. I AMBUJ KUMAR TRIPATHI (Name of faculty member) give my consent to join as teaching faculty in NIRMLA RAM AJOR YADAV PHARMACY COLLEGE, VILLAGE/ POST-SADAHA, TEHSIL-PATTTI DISTT-PRATAPGARH, UTTAR PRADESH 230124 in case, the said institution gets approval from the PCI.
2. My qualifications are as under -
  - B.PHARMA
  - M.PHARMA   
(indicate specialization)
  - P.HD
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.
4. I PRAMOD KUMAR PAL shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty : Ambuj Kumar

Signature of Principal : Pramod Pal

Date : 07/08/2022

Pramod Pal  
अध्यक्ष  
बाबा मकदूम सेवा समिति  
सदाहा, प. पो. प्रतापगढ़ (उ.प्र.)

सचिव  
सचिव -  
बाबा मकदूम सेवा समिति  
सदाहा, प. पो. प्रतापगढ़ (उ.प्र.)