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 inunderstand that providing false information by Principal may result input 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: Signature of Principal: Date: Date: 1. PRAMOD KUMAR PAL shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.	 I ABHISHEK PANDEY (Name of faculty member) give my co- in NIRMLA RAM AJOR YADAV PHARMACY COLLEGE, VI PATTTI DISTT-PRATAPGARH, UTTAR PRADESH 230124 in approval from the PCI. 	nsent to join as teaching faculty LLAGE/ POST-SADAHA, TEHSIL- case, the said institution gets
(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 inunderstand that providing false information by Principal may result inunderstand that providing false information by Principal may result inunderstand 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: Signature of Principal: Date: Da	사람이 보통 [1] 1 전 1 전 1 전 1 전 1 지난 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1	
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