

1. I ABHISHEK PANDEY (Name of faculty member) give my consent to join as teaching faculty in NIRMLA RAM AJOR YADAV PHARMACY COLLEGE, VILLAGE/ POST-SADAHA, TEHSIL-PATTI 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 : Abhishek

Signature of Principal : Pramod Pal

Date : 07/08/2022

PCI
सचिव
बाबा मकदूम सेवा समिति
पट्टी प्रतापगढ़ (उप्र)