

Annexure-C

1. I Harjendra Singh, give my consent to join as teaching faculty
(Name of faculty member)
in Nirmala Ram Ajor Yadav Pharmacy College.
(Name of institution with full address)

In case, the said institution gets approval from the PCI.

2. My qualifications are as under -

• B.Pharm

• M.Pharm
(Indicate specialization)

(Pharmacology)

• Ph.D

3. I Pramod Kumar Pal, certify that the above consent letter is genuine and true
(Name of Principal)

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
(Name of Principal)

from the previous institution upon joining the present institution.

Signature of faculty :

Harjendra Singh

Signature of Principal :

Pramod Kumar Pal
Principal
Nirmala Ram Ajor Yadav
Pharmacy College

Date :

18/03/2023
Sadaha Post, PBM (U.P.) 230124

सचिव
वाक्ता मकदुन सेवा
सदहा पन्दी, प्रतापग