

Annexure-C

1. I Purnendra Kumar Gupta give my consent to join as teaching faculty
(Name of faculty member)

in Nirmala Ram Agar 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

:

Purnendra

Signature of Principal

:

Pramod

Date

:

18/02/2023

18/02/2023 11:16 AM
सचिव
वाराणसी विश्व विद्यापीठ
सं. 11, गुरुदास, पटना-800 001