

ANNEXURE -C

1. I, Amali Subastava, give my consent to join as teaching faculty.
(name of faculty member)

In Adarsh Pharmacy College, Jahangar, Rudauli, Agra
(Name of the institution with full address)

in case the said institution gets approval from the PCI

2. My qualification are as under:-

• B.Pharm



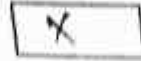
• M.Pharm

(Indicate specialization)



(Pharmaceutics)

• Ph.D



3. I, Kam Kailash Mawya, certify that the above consent letter is genuine and true.
(Name of the Principal) Manager

And I understand that providing false information by Principal may result in-

- Action against me under regulation (ix) and (x) of "Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2014"
- Rejection of the application of institution for approval and PCI in no way will be responsible.

4. I, Kam Kailash Mawya shall be duty bound to inform the PCI my having relieved
(Name of the Principal) Manager

From the previous institution upon joining the present institution.

Signature of faculty

:

Amali Subastava

Signature of Principal

(Manager)

:

Kam Kailash Mawya

Date

:

06/11/22

आदर्श सेवा शिक्षा समिति
ऐहार, रुदौली, अयोध्या

Kam Kailash Mawya
Adarsh Pharmacy College
Jahangar, Rudauli, Dist. Agra

Kam Kailash Mawya
आदर्श सेवा शिक्षा समिति
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