

Annexure -C

1. I Pankaj Singh Jaaloun.....Give my consent to join us teaching faculty
(name of faculty member)

In Susheela Devi Institute of medical Science Chandaul
(Name of Institute with full address)

In case the said Institute gets approval from the PCI

2. My qualifications are as under:-

B. Pharm

M. Pharm

Indicate specialization)

Ph.D.

3. I Amita gault.....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 institutes regulation 2014"
- b) Rejection of the application of institute for approval and PCI in No way will be Responsible.

4. I Amita gault.....Shall we duty bound of inform the PCI my having relieved
(name of principal)

From the previous institute upon joining the present institution.

Signature of faculty : Pankaj

Signature of principal : Amita

Date : _____

Amita
Principal
Susheela Devi Institute of Medical Science
Chandaul, Aligarh (U.P.)