

ANNEXURE -C

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

In Adarsh Pharmacy College, Jahanpur, Rudauli, Ayodhya
(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 (Pharmaceutics)
(indicate specialization)
- Ph.D X

3. I, Ram Kailash Maurya 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-

- 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, Ram Kailash Maurya shall be duty bound to inform the PCI my having relieved
(Name of the Principal)

From the previous institution upon joining the present institution.

Signature of faculty : Vipin Kumar
Signature of ~~Principal~~ Manager : प्रबन्धक
Date : 10/12/2022
आदर्श सेवा विश्वविद्यालय

Sub Ashi 1