

Annexure -C

1. I Amrita gaur.....Give my consent to join us teaching faculty  
(name of faculty member)

In Susheela devi institute of medical science chandaus Aligarh  
(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)

(Pharmacology)

Ph.D.

3. I Amrita gaur.....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 Amrita gaur.....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

:

Amrita

Signature of principal

:

Amrita

Date

:

02/05/23

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