

Annexure-C

1. Dr. Divyash Singh Give my consent to join as teaching faculty
(Name of faculty member)

a) Ran Gauri Kaurani Coll. of Pharmacy
(Name of institution with full address)
Amu Hill, U.P.

In case, the said institution gets approval from the PCI.

2. My qualifications are as under :-

- B.Pharm
- M.Pharm (Indirect specialization)
- Ph.D

3. Dr. Divyash Singh 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 (x) 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 _____, 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 : Dr. Divyash Singh

Signature of Principal : _____
Date : 17/07/22

DA

प्रबन्धक
श्री उपारमण जन कल्याण समिति
जामों कोट, जामों, अमेठी (उ.प्र.)