

Annexure-C

1. Suresh Kumar (Name of Faculty member) I hereby consent to act as teaching faculty

at Rani Ganesh Kumari College of Pharmacy, Jammou,  
(Name of Institution with full address) Dist - Amethi, U.P.

In case the said institution gets approval from the PCI

2. My qualifications are as under:-

- B.Pharm
- M.Pharm  (Pharmacology)
- M.Sc

3. Dr. Divyesh Singh (Name of Principal) hereby that the above consent letter is genuine and true

and I understand that providing false information to Principal may result in:-

- (i) action against me under regulation (iv) and (v) of "Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2014"
- (ii) rejection of the application of institution for approval and PCI in its site will be rejected etc.

4. Dr. Divyesh Singh (Name of Principal) I hereby give consent to inform the PCI my having reference

from the previous institution upon joining the present institution

Signature of Faculty

Suresh Kumar (S)

Signature of Principal

DA  
10/07/22

Date

DA  
PRINCIPAL  
Rani Ganesh Kumari College of Pharmacy  
Jammou-Amethi (U.P.)