

Annexure-C

1. Arun Kumar give my consent to join as teaching faculty  
(Name of faculty member)  
in Ravi Ganesh Kanwar College of Pharmacy, Janson  
(Name of institution with full address) Amethi, U.P.  
In case, the said institution gets approval from the PCI.

2. My qualifications are as under -

- B.Pharm  66%
- M.Pharm (Indicate specialization)  Pharmaceutics
- 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 (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. Dr. Divyash Singh 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 : Arun  
Signature of Principal : [Signature]  
Date : 18/07/22

• PRINCIPAL  
Ravi Ganesh Kanwar College of Pharmacy  
Janson - Amethi (U.P.)