

ANNEXURE -C

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

In ARDCP ; Ramna Tausfir ; Harriya
(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
(indicate specialization)
- Ph.D

3. I, Ajay Kumar Yadav certify that the above consent letter is genuine and true.
(Name of the 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. I, Ajay Kumar Yadav 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 :

Abhishek

Signature of Principal :

Principal

Ambika Ram Devi College of Pharmacy
Raona Tausfir Harriya-Basti-272128 (U.P.)

Date :

05/12/22

Principal
Ambika Ram Devi College of Pharmacy,
Raona Tausfir Harriya-Basti-272128 (U.P.)

AMBIKA RAMI DEVI DEGREE COLLEGE SANITI

Manager
MANAGER