

GANPAT SAHAI COLLEGE OF PHARMACY, SULTANPUR U.P.

Ref. No. GSP/2023/040

Date 20/05/2023

Consent Letter

1. I Arun Kumar Badhawan.....give my consent to join as teaching faculty
(Name of faculty member)

In Ganpat Sahai College of Pharmacy, Sultanpur 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 Arun Kumar Badhawan.....certify that the above consent letter 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) "Minimum Qualification for teacher in Pharmacy Institution Regulation 2014."
- b) Rejection of the application of Institution for approval and PCI in no way will be responsible.

4. I Arun Kumar Badhawan.....shall be duty bond to inform the PCI my having relieved
(Name of the Principal)

From the previous Institution upon joining the present institution.

Signature of Faculty Arun

Signature of Manager [Signature]
Manager
Ganpat Sahai College
of Pharmacy
Payagipur-Sultanpur

Date