

# GANPAT SAHAI COLLEGE OF PHARMACY, SULTANPUR U.P.

Ref. No. GSP/2023/04-1

Date 20/05/2023

## Consent Letter

1. I VIJAY YADAV 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 Vijay Yadav certify that the above consent letter genuine and true  
(Name of Lecturer)

And I understand that providing false information by Lecturers 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 Arum Kumar Bahlawan 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 Vijay

Signature of Principal Arum

Date

**Principal**  
Ganpat Sahai College  
of Pharmacy  
Payagipur-Sultanpur