

GANPAT SAHAI COLLEGE OF PHARMACY, SULTANPUR U.P.

Ref. No. GSP/2023/047

Date 20/05/23

Consent Letter

1. I RAHUL KUMAR.....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 RAHUL KUMAR..... 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 Anand Kumar.....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 Rahul.....

Signature of Principal Anand.....

Date 20/05/23

Principal
Ganpat Sahai College
of Pharmacy
Payagipur-Sultanpur