

Annexure-C

1. I Rakesh Bhambhani give my consent to join as teaching faculty
(Name of faculty member)

in Swigath Behavioural Science Pharmacy
(Name of institution with full address)

in case, the said institution gets approval from the PCI.

2. My qualifications are as under -

• B.Pharm

• M.Pharm
(Indicate specialisation)

Pharmacology

• M.D.

3. I Munali Sush Jadhav certify that the above consent letter is genuine and true
(Name of Principal)
Chairman

and I understand that providing false information by Principal may result in:

- action against me under regulation (ix) and (x) of "Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2014"
- rejection of the application of institution for approval and PCI in no way will be responsible.

4. I _____ shall be duty bound to inform the PCI my having received
(Name of Applicant)
Chairman
from the previous institution upon joining the present institution.

Signature of faculty

Rakesh

Signature of Principal

Chairman

[Signature]

Date

25/05/2023

[Signature]
Principal
Swigath Behavioural Science Pharmacy