

## Annexure-C

1. I Rinkesh Kumar give my consent to join as teaching faculty  
(Name of faculty member)  
in Bangorath Mahavidyalaya Pharmacy Bhatkampur,  
(Name of institution with full address) Shreegand - Chhapra  
In case, the said institution gets approval from the PCI.

2. My qualifications are as under -

- B.Pharm
- M.Pharm (Indicate specialization)
- Ph.D

3. I Rakesh Phartia certify that the above consent letter is 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) 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 Rakesh Phartia shall be duty bound to inform the PCI my having relieved  
(Name of Principal)

from the previous institution upon joining the present institution.

Signature of faculty

Rinkesh

Signature of Principal

Rakesh

Date

20.05.2023

[Signature]