

CONSENT LETTER

1. I, Afreen Khanam give my consent to join as teaching faculty at Pt. Rakesh Mishra College of Pharmacy and Medical Science Maghar, Sun Kabir Nagar.
2. My qualifications are or under -
 - B. Pharma.
3. I, Afreen Khanam certify that the above consent letter is genuine and true to the best of my knowledge and I understand that providing false information by principal may result in
 - a. Action against me under regulation (ix) and (x) of "Minimum qualification of teachers in Pharmacy Institutions regulations, 2014."
 - b. Rejection of the application/affiliation/approval of the institution and BTE/PCI will not be responsible.
4. I, Afreen Khanam shall be duty bound to inform the PCI/BTE, I have been relieved from the previous institutions upon joining the present institution.

Signature of faculty:

Afreen Khanam

Signature of Principal:

Raj

Date: 24/06/2022