

## Annexure-C

1. I, ANANT KUMAR, give my consent to join as teaching faculty  
(Name of faculty member)

in Bait Nath Mahavidyalaya Pharmacy Budanpur, Shadizabad,  
(Name of institution with full address)

Dist-Gorakhpur

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, \_\_\_\_\_, 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, \_\_\_\_\_, 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 : Anant Kumar

Signature of Principal : \_\_\_\_\_

Date : 28-05-2023

  
Principal  
Bait Nath Mahavidyalaya  
Pharmacy Budanpur, Shadizabad  
Dist-Gorakhpur