

## CONSENT LETTER

1. I, **Rimpi Chauhan** give my consent to join as teaching faculty at **Pt. Rakesh Mishra College of Pharmacy and Medical Science** Maghar, Sant Kabir Nagar.
2. My qualifications are as under :-
  - B. Pharma.
3. I, **Rimpi Chauhan** 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, **Rimpi Chauhan** 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:



Signature of Principal:



Date: 24/06/2022