

CONSENT LETTER

1. **I, Suraj Kumar** 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, Suraj Kumar** 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, Suraj Kumar** 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:

Suraj

Signature of Principal:

Ravi

Date: 24/06/2022