

Annexure-C

1. INDRANI KUMAR MANIYER give my consent to join as teaching faculty (Name of faculty member)

• Basu Mathuram Mahavidyalaya Agency, Baidyanathpur, Sambalpur, Odisha  
(Name of institution official address)

If yes, the said institution gets approval from the PCI

2. My qualifications are as under -

- a. B.Pharm
- b. M.Pharm (Industrial Pharmaceutics)
- c. Ph.D.

3. Rajesh Kishor Singh I certify that the above consent letter is genuine and true  
(Name of Principal)

and I understand that providing false information to PCI will be treated as:

- (i) will be against the order regulation (a) and (b) of "Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2014"
- (ii) violation of the regulation of institution for approval and PCI in no way will be responsible.

4. Rajesh Kishor Singh I shall be held liable to inform the PCI my being released  
(Name of Principal)

from the previous institution upon joining the present institution.

Signature of faculty: Indrani Kumar Maniyer

Signature of Principal: Rajesh Kishor Singh

Date: 06.05.2022