

## CONSENT LETTER

1. I, **Tufail Ahmad** 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, **Tufail Ahmad** 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, **Tufail Ahmad** 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: Tufail

Signature of Principal Reel

Date: 24/06/2022