

Annexure- C

1. I ASHUDEH SHUKLA GIVE My Consent To Join As Teaching
(Name of Faculty Member)

Faculty In N.B.S. COLLEGE OF PHARMACY, SOBANI, PRAYAGRAJ, 211013
(Name Of Institution With Full Address)

In Case The Said Institution Gets Approval From The PCI.

2. My Qualifications Are As Under-

- B.Pharm ✓
- M.Pharm ✓ (Pharmaceuticals)
(Indicate Specialization)
- Ph. D. NA

3. I RENJ SINGH Certify That The Above Consent Is Genuine And True And Understand That
(Name of Secretary)

Providing False Information by Secretary 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 RENJ SINGH Shall Be Duty Bound To Inform the PCI My Having Relived From The
(Name of Secretary)

Persons Institutions upon Joining the Present Institution.

Signature Of Faculty : 

Signature Of Secretary : 

Date : 15/01/2023