

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

Faculty In M.B.S College of Pharmacy, Isroan, Prayagraj-2110
(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 (Indicate Specialization) Pharmaceutics
- Ph. D.

3. I Prinidya Shukla Certify That The Above Consent Is Genuine And True And Understand That
(Name of Principal)

Providing False Information By Principal 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 Prinidya Shukla Shall Be Duty Bound To Inform the PCI My Having Relieved From The
(Name of Principal)

Persons Institutions upon Joining the Present Institution.

Signature Of Faculty : Anupama Shukla

Signature Of Principal : Prinidya

Date : 30/12/2024