

Annexure- C

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

Faculty In N.B.S college of pharmacy  
(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 ✓ ecology  
(Indicate Specialization)
- Ph. D.

3. I ASHUTOSH 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 ASHUTOSH SHUKLA Shall Be Duty Bound To Inform the PCI My Having Relived From The  
(Name of Principal)

Persons Institutions upon Joining the Present Institution.

Signature Of Faculty

Ashu

Signature Of Principal

Ashu

Date

14/01/23