

Consent Letter

1. I Yatin Kumar , give my consent to join as faculty in Krishna College Of Pharmacy, Sujampur, Khair, Aligarh, in case, the said institution gets approval from the PCI.

2 . My qualifications are as under –

B. Pharm YES

M. Pharm No

Ph. D NO

3. I Yatin Kumar certify that the above consent letter is genuine and true and understand that providing false information by Principal may result in.

- a. Action against me under regulation (ix) and ( x) "Minimum Qualification for Teachers in Pharmacy institutions Regulations 2014" .
- b. Rejection of the application of institutions for approval and PCI in no way will be responsible.

4 . I Yatin Kumar , shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of Faculty : 

Signature of Secretary : 

Date : 07/07/2022