


Consent Letter

1. I Nag Pal Singh , give my consent to join as faculty in Krishna College Of Pharmacy, Sujapur, Khair, Aligarh, in case, the said institution gets approval from the PCI.
2. My qualifications are as under –

| | |
|----------|------------|
| B. Pharm | <u>YES</u> |
| M. Pharm | <u>No</u> |
| Ph. D | <u>NO</u> |
3. I Mag Pal Singh 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 Mag Pal Singh, 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
श्री वेदो अम कलाय सेवा समिति
सुजातपुर-खैर (अ.प्र.)


Principal
Krishna College of Pharmacy
Sujanpur Khair (A.P.)