

Annexure-C

1. Arun Pratap Singh give my consent to join as teaching faculty  
(Name of faculty member)

in Archana college of Pharmacy, Purebhanai, Baraut Prayagraj  
(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)
- Ph.D

3. Anit Kumar Singh certify that the above consent letter is genuine and true  
(Name of Principal)

and I understand that 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. Anit Kumar Singh shall be duty bound to inform the PCI my having relieved  
(Name of Principal)

from the previous institution upon joining the present institution.

Signature of faculty : Arun Pratap Singh  
Signature of Principal : [Signature]  
Date : 27/10/22

Vijay Kumar Singh  
Director  
Archana College of Pharmacy  
Purebhanai, Baraut, Prayagraj, U.P.

[Signature]  
Principal  
Archana College of Pharmacy  
Purebhanai, Baraut, Prayagraj, U.P.