

## CONSENT LETTER

1- I Ashish Kumar Gupta ..... give my consent to join as teaching faculty in Shri Ram College of Pharmacy, 761A, Nandana, Patarsha, Ghatampur, Kanpur Nagar in Case, the said institution gets approval from the PCI.

2- My Qualification are as under-

B. Pharm (✓)

M. Pharm (✓)

Ph.D ( )

3- I Ashish Kumar Gupta ..... certify that the above consent letter is genuine and true and I understand that providing false information by Principle may result in

(i) Action against me under regulation (ix) and (x) "minimum qualification for teachers in pharmacy Institutions Regulations 2014"

(ii) Rejection of the application of institution for approval and PCI. In no way will be responsible.

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

Signature of Faculty: Ashish Kumar Gupta

Signature of Secretary/ Director/ Principal: Manoj Shukla

Date : 21/12/2022

सचिव/प्रधान्यक  
समृद्धि शिक्षण संस्थान  
33W-2 जूही कलां, वामोवर नगर  
कानुपर