

CONSENT LETTER

1- I Harilal 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	<input checked="" type="checkbox"/>
M. Pharm	<input type="checkbox"/>
Ph.D	<input type="checkbox"/>

3- I Harilal 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 Harilal shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of Faculty: Harilal

Signature of Secretary/ Director/ Principal: Mang Bhatnagar

Date : 21/12/2022

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