

Annexure-C

1. I Ajay Kumar give my consent to join as teaching faculty
(Name of faculty member)

in Shri. Kalyan Das College of Pharmacy
(Name of institutions with full address)

In case, the said institution gets approval from the PCI

2. My qualifications are as under

- B.Pharm
 - M.Pharm
 - Phd
- (Indicate Specialization)

3. I Sanjeev Kumar 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. I Sanjeev Kumar 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



Signature of Principal



Date

12/12/2022



श्री. कल्याण दास कॉलेज ऑफ फार्मसी
प्लॉट नं. 1, बंगला, बंगला, बंगला