

1. I **Sana Iram** give my consent to join as teaching faculty in **Shri Gauri Shankar College, Kutukpur Chanora, Firozabad (U.P.)** in case, the said institution gets approval from the PCI.


2. My qualifications are as under,


- B. Pharm
- M. Pharm

3. I **Shubham Jain**, Principal certify that the above consent letter is genuine and true and I understand that providing false information by Principal may result in.

- a) action against me under regulation (ix) 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 **Sana Iram** 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 Principal :

Date 13-9-2022