

Annexure-C

1. Taru Sharma _____ give my consent to join as teaching faculty
(Name of faculty member)

2. Sarvani Kalyan Dora College of Pharmacy
(Name of institutions with full address)

In case, the said institution gets approval from the PCI

3. My qualifications are as under

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

4. Sarjoo 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

5. Sarjoo 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

Taru

Signature of Principal

Sarjoo Kumar
Principal

Date

[Signature]
सचिव
पीएम सिंह शिक्षा प्रसार समिति
बेहड़ा सादात, मुजफ्फरनगर