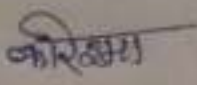



1. I, **Karishma** give my consent to join as teaching faculty in **Shri Gauri Shankar College, Kutukpur Chanora, Firozabad (U.P.)** in case, the said institution gets approval from the PCI.
2. My qualifications are as under.
  - B. Pharm
3. I, **Uma Shankar Mishra**, Secretary certify that the above consent letter is genuine and true and I understand that providing false information by Secretary 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, **Karishma** shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty : 

Date : 19-3-23

Signature of Secretary 

Date : 19-3-23  
प्रकाश/सचिव  
श्री श्रीगौरीशंकर एडवोकेटस एण्ड सोलर्स प्राइवेट लि.  
67, टिपका नगर, फिरोजपुर