

1. I **Sudhakar Tyagi**, give my consent to join as teaching faculty in **Mahatma Budh Mahavidyalaya, Ajuha, Kaushambi** in case they said institution gets approval from the PCI.

2. My qualifications are as under –

• B.Pharm

• M.Pharm
(indicate specialization)

• Ph.D

3. I **Rajesh Kumar**, 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) and (x) of "Minimum Qualification for Teachers In Pharmacy Institutions Regulations, 2014"

b) Rejection of the application of institution of approval and PCI in no way will be responsible.

4. I **Rajesh Kumar** , shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty : *Sudhakar Tyagi*

Signature of Principal : *RKemp*

Date :