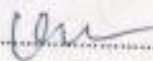



**Annexure-C**

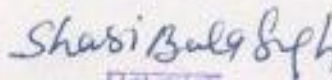
1. I, VISHNU KUMAR give my consent to join teaching faculty in Chandrabhan College of Pharmacy, Rasoolabad Road Jhinhak, Kanpur Dehat (UP) in case, the said institution gets approval from the PCI.
2. My qualification are as under
  - B Pharma
  - M Pharma   
(Indicate Specialization)
  - Ph.D
3. I, SAAD SIDDIQUI certify that the above consent letter is genuine and true and I understand that providing false information by Principle may result in-
  - a) Action against me under regulation (ix) and (x) of "Minimum Qualification for the Teacher in Pharmacy Institution Regulations, 2014"
  - b) Rejection of the application of Institution for approval and PCI in no way will be responsible.
4. I, SAAD SIDDIQUI shall be duty bound to information the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty ..... 

Signature of Principle .....

Date .....

  
Head of Department  
Chandra Bhan Singh College of Pharmacy  
Jhinhak, Kanpur Dehat

  
प्रमुख  
चन्द्रभान सिंह मेमोरियल शिक्षण  
संस्थान, झींझक, कानपुर देहात