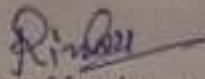



1. I, Rinku give my consent to join as teaching faculty in Shri Gauri Shankar College, Kutukpur Chanora, Firozabad (U.P.) in case, the said institution gets approval from the PCI.
2. My qualifications are as under.
 - B. Pharm
3. I, Uma Shankar Mishra, Secretary certify that the above consent letter 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, Rinku 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
श्री गौरीशंकर एम्बेडकर एम्बेडकर एम्बेडकर एम्बेडकर
67, किला रोड, फिरोजाबाद