

Annexure-C

1. I Sarvesh Kumar do give my consent to join as teaching faculty

(Name of the Candidate)

at Swamibadrav Dev College of Pharmacy

(Name of Institutions with full Address)

2. The said Candidate gets approval from PCI

3. His qualification is

B.Pharm

M.Pharm

Phd

4. Ranjeev Kumar certify that the above consent letter is genuine

(Name of the Principal)

5. I declare 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 Teacher in Pharmacy institutions regulation, 2014"

(b) Rejection of my application of Ins. notice of approval and PCI in no way will be responsible.

6. Ranjeev Kumar shall be duty bound to inform the PCI

(Name of the Candidate)

7. (a) My release from the previous institution upon joining the present institution

Signature of Candidate Sarvesh Kumar

Signature of Principal Ranjeev Kumar

Date: _____

[Signature]
सचिव
जीलम विट शिक्षा समिति
नादात, २०२४