

1. I Chitranshu Srivastav give my consent to join as Teaching faculty in U. S. COLLEGE OF PHARMACY ASAFABAD, FIROZABAD (U.P.) in case, the said institution gets approval from the PCI.
2. My qualifications are as under.
 - B. Pharm
3. I Satish Chandra, Secretary certify that the above consent letter is genuine and true and I understand that providing false information by me may result in.
 - g) action against me under regulation (ix) of "Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2014"
 - h) Rejection of the application of institution for approval and PCI in no way will be responsible.
4. I Chitranshu Srivastav shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of Secretary 
Date 14/01/20


Signature of Faculty :
Date :