

1. I **Kapil Maurya** , 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 : *Kapil Maurya*

Signature of Principal : *RKemp*

Date : *12/12/2019*