

Consent Letter

1. I, Naina Saxena do give my consent to join as Teaching Faculty in U.S COLLEGE OF PHARMACY ASFABAD, FIROZABAD (U.P.) in case, the said institution gets approval from the PCI.
2. My qualification is as under.
 - M. 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.
 - 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, Naina Saxena shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of Faculty : *Naina Saxena*

Date : 20-11-2023

Signature of Secretary:

Date : 
Satish Chandra
Secretary
U.S. College of Pharmacy
Asfabad, Firozabad (U.P.)