

**Annexure- C**

1. I, DEEPAK SINGHAL, give my consent to join as Principal in Aakanksha College Of Pharmacy, In case, the said institution gets approval from the PCI.
2. My qualifications are as under-
- B Pharm
  - M Pharm
  - (Indicate specialization)
  - Ph.D
3. I, R. P. Singh, certify that the above consent (Name of Chairman) letter is genuine and true, and I understand that providing false information 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 for approval and PCI in no way will be responsible.
4. I, Deepak Singhal, shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of Principal : Deepak Singhal

Signature of Chairman : R. P. Singh Chairman  
Aakanksha College of Pharmacy  
VIII, Rasoolpur Meerapur, MZN

Date : 21- June - 2023

R. P. Singh  
Chairman  
Aakanksha College of Pharmacy  
VIII, Rasoolpur, Meerapur, MZN