

CONSENT LETTER

1. I **SHUBHAS CHAUDHARI**, give my consent to join as teaching faculty
In **SATYAM SHIVAM COLLEGE OF PHARMACY TIKARI KAURIHAR PRAYAGRAJ**
In case, the said institution gets approval from the PCI.

2. My qualifications are as under –

• B.Pharm

• M.Pharm

• Ph.d

3. I **SHIV JEET SINGH**, 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 Regulation, 2014"
b) Rejection of the application of institution for approval and PCI in no way will be
Responsible.

4. I **SHIV JEET SINGH**, shall be duty bound to inform the PCI my having relieved
From the previous institution upon joining the present institution.

Signature of faculty : Shubhas

Signature of Principal : S

Date : 05/12/2022