

Annexure-C

1. Mohd. Shafiullah give my consent to join as teaching faculty
(Name of faculty member)
in Archana college of Pharmacy, Purebhanai, Baraut Prayagraj.
(Name of institution with full address)

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. Amit Kumar Jha certify that the above consent letter is genuine and true
(Name of Principal)

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 for approval and PCI in no way will be responsible.

4. Amit Kumar Jha shall be duty bound to inform the PCI my having relieved
(Name of Principal)

from the previous institution upon joining the present institution.

Signature of faculty : _____ [Signature]

Signature of Principal : _____ [Signature]

Date : 27/10/22

विषय मन्त्री
Director
Archana College of Pharmacy
Purebhanai, Baraut, Prayagraj, U.P.

[Signature]
Principal
Archana College of Pharmacy
Purebhanai, Baraut, Prayagraj, U.P.