

CONSENT LETTER

1. I **GYAN SINGH YADAV**, 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 : *Gyan Singh Yadav*

Signature of Principal : *S*

Date : *05/12/2022*