

CONSENT LETTER

1. I **MOHD AKARAM**, 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 : AKRAM

Signature of Principal : [Signature]

Date : 05/12/2022