

Annexure-C

1. Gaurav Kumar Srivastava give my consent to join as teaching faculty
(Name of faculty member)

in Archana College of Pharmacy, Purebhanai
(Name of institution with full address)

In case, the said institution gets approval from the PCI.

Baraut Prayagraj

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

Gaurav

Signature of Principal

Amit

Date

27/10/22

with honesty

Director

Archana College of Pharmacy
Purebhanai, Baraut, Prayagraj, U.P.

Amit

Archana College of Pharmacy
Purebhanai, Baraut, Prayagraj, U.P.