

Annexure- C

1. I Vikas Sharma..... give my consent to join as teaching Faculty  
(Name of Faculty Member)  
In Aakanksha College of Pharmacy, Meerapur, MNZ  
(Name of The Institute 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. I Mr. Deepak Singh..... 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. I Vikas Sharma..... shall be duty bound to inform the PCI my having relieved  
from the previous institution upon joining the present institution.

Signature of faculty

Vikas Sharma

Signature of Principal

Deepak Singh  
Principal

Aakanksha College of Pharmacy  
Vill. Rasoolpur, Meerapur, MNZ

Date

21-June-2023

R. Ray  
Chairman  
Aakanksha College of Pharmacy  
Vill. Rasoolpur, Meerapur, MNZ