

ANNEXURE -C

1. I Rahul Singh give my consent to join as teaching faculty.
(name of faculty member)

In Shiv Savitri Mahavidyalaya, Vill. Sarasimugal, Ahar, Rudauli
(Name of the institution with full address) Ayodhya.

In case the said institution gets approval from the PCI

2. My qualification are as under:-

• B.Pharm

• M.Pharm

(Indicate qualifications)

• Ph.D

3. I Shankesh Kumar Gupta certify that the above consent letter is genuine and true.
(Name of the 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 Shankesh Kumar Gupta shall be duty bound to inform the PCI my having relieved
(Name of the Principal)

From the previous institution upon joining the present institution.

Signature of faculty

:

Rahul Singh

Signature of Principal

:

Shankesh Kumar Gupta

Date

:

19/01/23

Principal
Shiv Savitri Mahavidyalaya
Sara Mugal Ahar, Rudauli Ayodhya