CONSENT LETTER

1. I **RAM JI GUPTA**, 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 (Pharmacology) ☑
   - 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 : Ramji Gupta

Signature of Principal : S

Date : 05/12/2022

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