

1. I **Archan Gupta** , give my consent to join as teaching faculty in **Mahatma Budh Mahavidyalaya, Ajuha, Kaushambi** in case they said institution gets approval from the PCI.

2. My qualifications are as under –
 - B.Pharm
 - M.Pharm (indicate specialization)
 - Ph.D

3. I **Rajesh Kumar**, 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 Regulations, 2014"
 - b) Rejection of the application of institution of approval and PCI in no way will be responsible.

4. I **Rajesh Kumar** , shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty : *Archan gupta*

Signature of Principal : *RKemp*

Date : *12/11/2017*