

CONSENT LETTER

1. I **NIRAJ 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
(Pharmaceutics)

• 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 : 

Signature of Principal : 

Date : 05/12/2022