

ANNEXURE -C

1. I, Rahul K/s Maurya, give my consent to join as teaching faculty.
(name of faculty member)

In Raj College of Pharmacy
(Name of the institution with full address)

in case the said institution gets approval from the PCI

2. My qualification are as under:-

- B.Pharm
- M.Pharm
(Indicate specialization)
- Ph.D

3. I, Vishal Kumar Agrahari 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, Vishal Kumar Agrahari will 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 Kumar
Signature of Principal Vishal Kumar Agrahari
Date 14/08/2023

