

Annexure- C

1. I, Tapon Mandal, give my consent to join as teaching Faculty
(Name of Faculty Member)
In Aakanksha College of Pharmacy, Meerapur, MZN
(Name of The Institute with full address)
In case, the said institution gets approval from the PCI.

2. My qualifications are as under-

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

3. I, Mr. Deepak Singh, certify that the above consent letter is genuine and true,
(Name of 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, Tapon Mandal, shall be duty bound to inform the PCI my having relieved
from the previous institution upon joining the present institution.

Signature of faculty

Tapon

Signature of Principal

Deepak Singh
Principal

Aakanksha College of Pharmacy
Vill Rasoolpur, Meerapur, MZN

Date

21-June-2023

R. Pan
Chairman
Aakanksha College of Pharmacy
Vill. Rasoolpur, Meerapur, MZN

Chairman
Aakanksha College of Pharmacy
Vill. Rasoolpur, Meerapur, MZN