

Annexure- C

1. I, Sourabh Chachhar, 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, Sourabh Chachhar, shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty

Sourabh Chachhar

Signature of Principal

Deepak Singh
Principal

Date

21- June - 2023
Aakanksha College of Pharmacy
Vill Rasoolpur, Meerapur, MZN

P. P. P.
Chairman

Aakanksha College of Pharmacy
Vill. Rasoolpur, Meerapur, MZN