

Annexure- C

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

Signature of faculty

Raj Kumar Deepak Singh
Principal

Signature of Principal

Aakanksha College of Pharmacy
Vill. Rasoolpur, Meerapur, MZN

Date

21 - June - 2023

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

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