

## CONSENT LETTER

1. I, **Anil Kumar** give my consent to join as teaching faculty in **Maa Anjani Pharmacy College , Diwaichi , Shikohabad , Firozabad (U.P.)** in case, the said institution gets approval from the PCI.
2. My qualification is as under.  
1. B. Pharma
3. I, **Rajeev Kumar, Secretary** certify that the above consent letter is genuine and true and I understand that providing false information by me may result in.
  - a) action against me under regulation (ix) 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, **Anil Kumar** shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty :



Date : 20-03-2023

Signature of Secretary :

Date: 20-03-2023

