

ANNEXURE -C

1. I SUNIL KUMAR, give my consent to join as teaching faculty.
(name of faculty member)

In SHIV SAVITRI MAHAVIDYALAYA VIA- SARAI MUTAL PO- AHAR RUDELI
(Name of the institution with full address) Dist- AYODHYA

in case the said institution gets approval from the PCI

2. My qualification are as under:-

• B.Pharm

• M.Pharm

(Indicate specialisation)

• Ph.D

3. I Shrikant Kumar Gupta 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 Shrikant Kumar Gupta shall 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

:

Sunil Kumar

Signature of Principal

:

Shrikant Kumar Gupta
Principal

Date

:

19/01/23

Shiv Savitri Mahavidyalaya
Sari Mutal, Ahar Rudeli, Ayodhya