

Consent Letter

1. I Vipin give my consent to join as teaching faculty.

(Name of faculty members)

In Institute for Higher Education and Health Science

(Name of institution with full address)

In case, the said institution gets approval from the PCI.

2. My qualification are as under: -

B.Pharma

M.Pharma

Ph.D

3. I Sachin Sharma certify that the above consent letter is genuine and true

Secretary

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 Sachin Sharma shall be duty bound to inform the PCI my having relieved.

Secretary

From the previous institution upon joining the present institution.

Signature of Faculty

Vipin

Signature of Secretary

Sachin

Date

17/11/2022

