

Consent Letter

1. I, Priyankul Kumar give my consent to join as Teaching Faculty in U S COLLEGE OF PHARMACY, ASFABAD, FIROZABAD (U.P.) in case, the said institution gets approval from the PCI.
2. My qualification is as under.
 - B. Pharm
3. I Satish Chandra, 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, Priyankul Kumar shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of Faculty : Priyankul

Date : 20-03-2023

Signature of Secretary:

Date :


सचिव 20/03/2023
श्री ऊदल सिंह शिक्षा समिति
38, गौन्धी नगर, फिरोजाबाद