

1. I Sandip Chopra, give my consent to join as teaching faculty
(Name of faculty member)

In ANKYR College of Pharmacy Lalokpur Chhibramaj Kanauj
(Name of Institution 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 Ashok Singh Baghel, certify that the above consent letter is genuine and true
(Name of Principal)

and 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 Ashok Singh Baghel, shall be duty bound to inform the PCI my having relieved
(Name of Principal)

from the previous institution upon joining the present institution.

Signature of faculty : Sandip Chopra

Signature of Principal : A. Singh

Date : 05/09/2022

Ashok Singh Baghel
प्रबन्धक / सचिव

चौ० जमादार सिंह महाविद्यालय समिति
लालकपुर छिबरामऊ कन्नौज