

Consent letter of Principal

1. I Jitendra Singh Yadav give my consent to join as teaching
(Name of Principal)
faculty in Shivalik Mahavidyalaya College of Pharmacy, Bahraich to Bhinga Road,
Village Post Patna Kargaura, Bhinga, Shravasti, 271831, Uttar Pradesh-PCI-5667
In case, the said institution gets approval from the PCI.

2. My Qualification are as under

B. Pharm.

M. Pharm

Ph. D

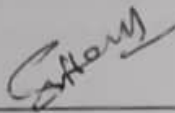
3. I Sudeep Bhushan Sharan Singh certify that the above consent
(Name of Chairman/Manager)
letter is Genuine and true and I understand that providing false information
by Chairman/Manager may result in-

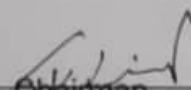
c. Action against me under regulation (IX) and (X) of " minimum

Qualification for teacher in Pharmacy institution regulation 2014"

d. Rejection of the application of institution for approval and PCI in no way
will be responsible.

4. I Sudeep Bhushan Sharan Singh shall be duly bound to inform to the
(Name of Chairman/Manager)
PCI my and faculty when relived from the previous institution upon joining
the present institution.

Signature of Principal 

Signature of Chairman/Manager 

Chairman
Gonard Kalyan Vahini Samiti

Date. 25/01/2023 Nawahganj, Tarahganj, Gonda (U.P.)