

1. I, Rishika Singh, give my consent to join as teaching faculty in
R.G.S. College of Pharmacy Farukhbad

2. My Qualification are as under-

B.Pharm :

M.Pharm
(indicate specialization) :

Ph.D :

3. I, Umesh Kumar, Certify that the above consent letter is genuine and true 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, Umesh Kumar, shall be duty bound to inform the PCI my having relieved from the previous institutions upon joining the present institution.

Signature of Faculty : [Signature]

Signature of Principal : [Signature]

Date : _____

[Signature]
प्राचार्य
आर०जी०एस० कॉलेज ऑफ फार्मसी
जहानगज, फरुखाबाद