

Annexure-C

1. Rahul Kumarin give my consent to join as teaching faculty
(Name of faculty member)

Baba Paras Nath College of Pharmacy and Paramedical
Sciences, Barabanki
(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 specialisation) (Pharmaceutics)
- Ph.D

3. Ranjeet Singh certify that the above consent letter is genuine and true
(Name of Principal)

and I understand that providing false information by Principal may result in -

- a) action against me under regulation (4) and (5) of 'Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2022'
- b) rejection of the application of institution for approval and PCI in no way will be responsible.

4. Ranjeet Singh shall be duty bound to inform the PCI my having relieved
(Name of Principal)

from the previous institution upon getting the consent institution.

Signature of faculty

Rahul

Signature of Principal

Ranjeet Singh

Date

01/12/2022

