

Consent letter

1. I Shreyash Tripathi give my consent to join as teaching faculty in
(Name of faculty)
Shivalik Mahavidyalaya College of Pharmacy, Bahraich to Bhinga Road, Village Post Patna
Kargaura, Bhinaga, 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 Titendra Singh Yadav certify that the above consent
(Name of Principal)
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 teacher in Pharmacy institution regulation 2014"

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

4. I Titendra Singh Yadav shall be duly bound to inform to the PCI
(Name of Principal)
my and faculty when relived from the previous institution upon joining the
present institution.

Signature of faculty

[Signature]

Signature of Principal

[Signature]
Principal
Shivalik Mahavidyalaya
College of Pharmacy
Patna Kargaura, Bhinga
Shravasti 271831

Date. 25/01/2023