

## Consent Letter

Date : .....

1. I KAVITA KUMARI, give my consent to join as teaching faculty in **Maa Bhagwati Mahavidhyalay Department of Pharmacy, Bichpuri, Manai, Aligarh** in case, the said institution gets approval from the PCI.
2. My qualification are as under –
  - M. Pharma ( )
  - B. Pharma (✓)
3. I KAVITA KUMARI, 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) 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 TANUJ KUMAR, shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

  
Signature of Faculty

  
Signature of Principal  
Principal, Maa Bhagwati Mahavidhyalay, Bichpuri, Manai, Aligarh