

Consent Letter

Date : 11/12/27.....

1. IPRIYANKA CHAUDHARY, 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. IPRIYANKA CHAUDHARY, 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 TANUS 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