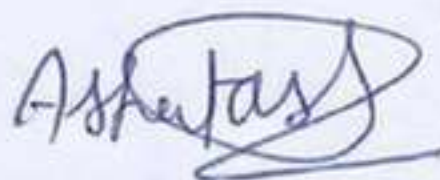


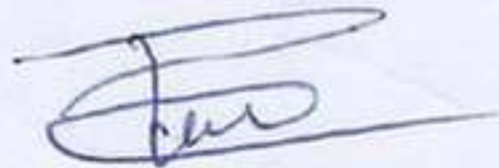
1. I **Ashutosh Solanki** give my consent to join as teaching faculty in **Smt. Mamta Vidyalaya, Village – Naipai, Firozabad (U.P.)** in case, the said institution gets approval from the PCI.
2. My qualifications are as under.
  - B. Pharm
  - M. Pharm
3. I **Praveen Kumar Upadhyay**, Secretary certify that the above consent letter is genuine and true and I understand that providing false information by Principal may result in.
  - c) action against me under regulation (ix) of “Minimum Qualification for Teachers in Pharmacy Institutions Regulations, 2014”
  - d) Rejection of the application of institution for approval and PCI in no way will be responsible.
4. I **Ashutosh Solanki** shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty : 

Date : 17/08/2023

Signature of Secretary:

Date :



प्रबन्धक / सचिव

ममता शिक्षा समिति

फिरोजाबाद