

Consent Letter

1. MR. ARVIND KUMAR SINGH, give my consent to join as teaching faculty in M. D. COLLEGE OF PHARMACY, Ward. No. 05, Lokmanya Tilak Nagar, Sakaldaha Road, Chandauli, U.P. in case, the said institution gets approval from the P.C.I.


2. My Qualification are as under -

- B. Pharm. :
- M. Pharm. :
- Ph.D. :

3. I, MR. ARVIND KUMAR SINGH 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) and (x) 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 MR. ARVIND KUMAR SINGH as will 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 : 

Date : 01/09/2022

Principal
M.D. COLLEGE OF PHARMACY
Sakaldaha Road-Chandauli