

Annexure-C

1. I Dharmendra Singh Chauhan, give my consent to join as teaching faculty
(Name of faculty member)
in M.D college of Pharmacy Chandauli
(Name of institution with full address)

in case, the said institution gets approval from the PCI.

2. My qualifications are as under -

- B.Pharm
- M.Pharm (indicate specialization)
- Ph.D

3. I Sant Lal, certify that the above consent letter is genuine and true
(Name of Principal)

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 Sant Lal, shall be duty bound to inform the PCI my having relieved
(Name of Principal)

from the previous institution upon joining the present institution.

Signature of faculty : Dharmendra Singh Chauhan

Signature of Principal : Sant Lal

Date : 02/09/2022

[Signature]
Secretary
Marak Vikash Eram Karyan Sanshodhan
Sakaldaha Road-Chandauli

Sant Lal 02/09/2022
PRINCIPAL
M.D. COLLEGE OF PHARMACY
Sakaldaha Road-Chandauli