

1. I **Ms. Deeksha Dubey** give my consent to join as teaching faculty (Assistant Professor) in Satnami Institute of Pharmacy Arnia Khurd, Khurja, **Distt Bulandshahr, U.P.**, in case, the said institution gets approval from the PCI

2. My qualifications are as under

B.Pharm.

M.Pharm **Pharmaceutics**
(Indicate specialization)

Ph.D.

3. I **Ms. Deeksha Dubey**, 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 **Ms. Deeksha Dubey** shall be duty bound to inform the PCI may having relieved from the previous institution upon joining the present institution.

Deeksha Dubey
Signature of faculty:

Signature of Principal/Secretary

[Handwritten Signature]

Secretary / Manager
Satnami Institute of Pharmacy, Rukanpur
Po. Arniya Khurd, Distt. Bulandshahr (U.P.)