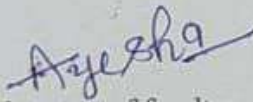
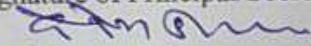


1. I **Ms. Ayesha Khatun** give my consent to join as teaching faculty (Assistant Professor) in Satnami Institute of Pharmacy Arniya Khurd, Khurja, Distt **Bulandshahr, U.P.**, in case, the said institution gets approval from the PCI
2. My qualifications are as under  
B.Pharm.   
M.Pharm  Pharmacology  
(Indicate specialization)  
Ph.D.
3. I **Ms. Ayesha Khatun**, 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. Ayesha Khatun**, shall be duty bound to inform the PCI may having relieved from the previous institution upon joining the present institution.

  
Signature of faculty:

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