

1. I **Mr. Aamir Malik** 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 Pharmaceutical chemistry
(Indicate specialization)

Ph.D.

3. I **Mr. Aamir Malik**, 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. Aamir Malik**, shall be duty bound to inform the PCI may having relieved from the previous institution upon joining the present institution.

Aamir
Signature of faculty:

[Handwritten Signature]
Signature of Principal/Secretary

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