

ANNEXURE C

1. I, Shiv Kumar, give my consent to join as teaching faculty
in Hiraman Mahatam Pharmacy College
_____ In case the institution gets approval from the PCI.

2. My qualifications are as under,

B.Pharm

M.Pharm

Pharmacology

PhD

3. I, Dr V. V. Singh [name of principal] 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 Institution Regulations, 2014"

b) rejection of the application of institution for approval and PCI in no way will be responsible

4. I, Shiv Kumar shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty: Shiv

Signature of Principal: [Signature]

प्राचार्य

Date: 12/03/2023 हिरामन महातम फार्मसी कालेज
महुआडीह, देवरिया

मोला शर्मा

प्रबन्धक

हिरामन महातम फार्मसी कालेज
महुआडीह, देवरिया