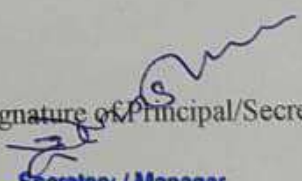


1. I **Mr. Raju Kumar Singh** give my consent to join as teaching faculty(Assistant Professor) in Satnami Institute of Pharmacy Arnia Khurd, Khurja, Distt Bulandshahr, U.P. , in case, the said institution gets approval from the PCI
2. My qualifications are as under
B.Pharm.
M.Pharm Pharmacology
(Indicate specialization)
Ph.D.
3. I **Mr. Raju Kumar Singh**, 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 Regualtions-2014"
 - b) rejection of the application of institution for approval and PCI in no way will be responsible
4. I **Mr. Raju Kumar Singh**, shall be duty bound to inform the PCI may having relieved from the previous institution upon joining the present institution.

Raju Kumar Singh
Signature of faculty:


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