

ANNEXURE C

1. I, Md. Abdullah, 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  Pharmaceutics

PhD

3. I, Prof 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, Md Abdullah, shall be duty bound to inform the  
PCI my having relieved from the previous institution upon joining the present  
institution.

Signature of faculty: Abdullah

Signature of Principal: \_\_\_\_\_

Date: 16/03/2025  
प्राचार्य  
हिरामन महात्म फार्मसी कलेज  
महुआडीह, देवरिया

गोला मांस  
प्रबन्धक  
हिरामन महात्म फार्मसी कलेज  
महुआडीह, देवरिया