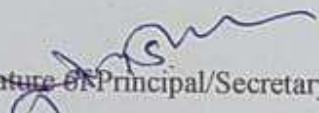


1. I **Ms. Nidhi Srivastava** give my consent to join as teaching faculty (Assistant Professor) in Satnami Institute of Pharmacy Arnia Khurd, Khurja, **Distt Bulandshahr, U.P.**, in case, the said institution gets approval from the PCI
2. My qualifications are as under
B.Pharm.
M.Pharm **Pharmaceutical Chemistry**
(Indicate specialization)
Ph.D.
3. I **Ms. Nidhi Srivastava**, 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. Nidhi Srivastava** 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.)