

PCI Consent Letter

ANNEXURE C

1. I, Prince Gupta, Give my consent to join as teaching faculty in Hiranman Mahatam Pharmacy College, Vill-Mahuadh, Post-Barpar, Dist-Deoria U.P. PIN 274201 in case the institution gets approval from the PCI.

2. My qualifications are as under,

B.Pharm

M.Pharm

Pharmaceutics

PhD

3. I, Dr Vijay V. K. 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, Dr. Vijay V. K. Singh (Director), shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty: Prince

Prince

Signature of Principal: H.

Date: 24/8/23
प्राचार्य
हिरामन महातम फार्मसी कलेज
महुआदीह, देवरिया

हिरामन महातम
प्रबन्धक
हिरामन महातम फार्मसी कलेज
महुआदीह, देवरिया