

ANNEXURE C

1. I, Chote Lal Tiwari, give my consent to join as teaching faculty in Hiranna Mahadeo 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, Chote Lal Tiwari, shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty: Chote Lal

Signature of Principal: [Signature]

Date: 16/03/2023 हिरामन महादेव फार्मसी कॉलेज
पहुआडीह, देवर