

# PCI Consent Letter

## ANNEXURE C

1. I, Vivek Jaiswal, give my consent to join as teaching faculty in Hraman Mahatam Pharmacy College, Vill Mahuadth, 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. V. V. S. 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. V. V. S. 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: Vivek

Signature of Principal: [Signature]

Date: 26/5/23

डिरामन महातम फार्मसी कॉलेज  
महुआदथ, देवरीया

मोहनसिंह  
प्रबन्धक  
डिरामन महातम फार्मसी कॉलेज  
महुआदथ, देवरीया