

Consent Letter

ANNEXURE C

1. I, Pravin Kumar Nishit, give my consent to join as teaching faculty in Hiranand Mishra 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, 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, Pravin Kumar Nishit, shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty: Pravin

Signature of Principal: [Signature]

Date: 16/03/2023
प्राचार्य
हिरानंद महाशय फार्मसी कलेज
पहुआरीह, देवरिया

हिरानंद महाशय
प्रबन्धक
हिरानंद महाशय फार्मसी कलेज
पहुआरीह, देवरिया