

**ANNEXURE C**

1. I, Vikas Chandra, give my consent to join as teaching faculty in Hiranjan Mahatam Pharmacy College, Vill Mahuadih, Post- Barpar, Distt. Deoria (UP) in case the institution gets approval from the PCI.

2. My qualifications are as under,

B.Pharm

M.Pharm

10 Year Experience

PhD

3. I, Vikas Chandra [name of Faculty] 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, Vikas Chandra (Director), shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty: 

Signature of Principal:  प्राचार्य  
हिरानज महतम फार्मसी कॉलेज  
बाराबर, देवरिया

Date: 1/09/2013