

Annexure-C

1. I ZEESHAN give my consent to join as teaching faculty
(Name of faculty member)

In RAJKMANIDEVI COLLEGE OF PHARMACY, LODHI PUR
(Name of Institution with full address) MBD

in case, the said Institution gets approval from the PCI.

2. My qualifications are as under -

- B.Pharm
- M.Pharm
(indicate specialization)
- Ph.D

3. I RAVI KUMAR certify that the above consent letter is genuine and true
(Name of Principal)

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 Institutions Regulations, 2014"
- b) rejection of the application of institution for approval and PCI in no way will be responsible.

4. I RAVI KUMAR shall be duty bound to inform the PCI my having relieved
(Name of Principal)

from the previous institution upon joining the present institution.

Signature of faculty :

[Signature]

Signature of Principal :

[Signature]
Principal
Rajkmanidevi College of Pharmacy
Lodhi Pur Rajput, Moradabad

Date :

09/08/22