

## Annexure-C

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

In RAHMANT DEVI COLLEGE OF PHARMACY, LONHIPUR, MBD  
(Name of Institution with full address)

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

:

RAUF ALI

Signature of Principal

:

RAVI KUMAR  
Principal  
Rahmani Devi College of Pharmacy  
Lonhipur Rajput, Moradabad

Date

:

09/08/22