

ANNEXURE – C

1. Dinesh Chand Joshi give my consent to join as teaching faculty  
(Name of faculty member)

In AIM College, Address- Bari, Sidhauri, Sitapur - 261303, U.P.  
(Name of the institution with full address)

in case the said institution gets approval from the PCI

2. My qualification are as under :-

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

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

Industrial Pharmacy.

3. Neeraj Kumar certify that the above consent letter is genuine and true.  
(Name of the Principal)

And I understand that providing false information by Principal may result in-

- Action against me under regulation (ix) and (x) of "Minimum qualification for Teachers in Pharmacy institutions Regulations, 2014"
- Rejection of the application of institution for approval and PCI in no way will be responsible.

4. Neeraj Kumar shall be duty bound to inform the PCI my having  
(Name of the Principal)

relieved from the previous Institution upon joining the present Institution

Signature of Faculty

Joshi

Signature of Principal

Neeraj Kumar

Date

08 May 2023

AIM  
Bari, Sidhauri, Sitapur-261303