

1. Arun Prakash 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"/>

Pharmacognosy

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-

- 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. 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

: 

Signature of Principal

: Neeraj Kumar

Date

: 8/05/2023

AIM
Bari, Sidhauri Sitapur-261303