

Consent Letter

1. I Shobhit Srivastava (faculty member) give my consent to join as teaching faculty in D.R.S College of pharmacy Biland Road Dist. ETAM in case the said institution gets approval from the PCI. My document only use for consent not for appointment.
2. My qualification are as under :-
- B. Pharm
 - M. Pharm (Specialization) Chemistry
 - Ph.D
3. I Suraj Mishra (principal), 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 Teacher in Pharmacy Institution regulation, 2014"
- (B) Rejection of the application of institution for approval and PCI in no way will be responsible.
4. I Suraj Mishra (Principal), shall be duty bound to inform the PCI my having relieved from the previous institution upon joining the present institution.

Signature of faculty Shobhit

Signature of Principal Suraj

Date 20/06/2023