

APPROVED BY AICTE, PCI AND BTE



Sushila Devi College of Pharmacy

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Add.: Tikra, Mawai, Kaushambi

Ref SD.C.P/0124

Date 15/10/2019

To,

EKTA SINGH
D/O KAMLA PRASHAD SINGH

Subject:-Appointment LETTER for the Post of ASSISTANT TEACHER in SUSHILA DEVI COLLEGE OF PHARMACY.

Dear Sir,

With reference to your Bio-Particulars and application, we are pleased to inform you that on the basis of testimonials, we are pleased to appointment you as **ASSISTANT TEACHER** in the **SUSHILA DEVI COLLEGE OF PHARMACY** on regular basis. The appointment is subject to the conditions given below:-

1. You will be entitled for the salary with the basic of Rs. 4200 with AGP or Rs. 6000 gross Rs 15000/- monthly.
2. Subject to the approval from the MANAGEMENT SDCP.
3. TDS, any other statutory tax, if applicable will be deducted at source. You are advised to keep the account officer informed of your savings and investments for the purpose of calculation of TDS.
4. The appointee may be permitted to resign with one month prior notice or by paying one month's basic salary.
5. The appointee shall be full time employee of this institute and such shall not engage his / her in any private tuition nor shall involve in any private business, trade or profession. You will have to work exclusively for our college and you will not take up any assignment even on part-time basis. You will be diligently and faithfully work for our college.
6. You will be allowed weekly off and other holidays, as may be prescribed by the institute.
7. You will be abiding by the rules/order/regulations of the institute/SDCP/State government.
8. You will be maintaining college timings and other rules, which are in force, as on today & which will be applicable from time to time in future.
9. Increment / salary revision or any addition will be made at the time of annual review at the discretion of management on the basis of performance of the duty.
10. The management reserves the right to terminate your services in the event of indiscipline or working against the interest of institution.
11. Relieving certificate from the institution where candidate has been working or proof of superannuation, whichever is applicable.
12. If the above-mentioned terms & conditions are acceptable to you. Then send acceptance letter to us.

Authorized Signatory
SUSHILA DEVI COLLEGE OF PHARMACY
TIKRA MAWAI, KAUSHAMBI