

To

The Chairman
Chaudhary Chiranji Lal College of Pharmacy
Vill. -Adda, Post- Karav,
Tehsil-Mahavan, Distt. Mathura
(Uttar Pradesh)

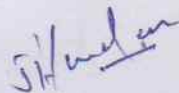
Subject: Consent Letter for joining.

R/Sir,

With reference to your letter no. CCLEP/2019/18 dated: 15-07-2018, here by
I, am giving you, my consent to join your institute in the name of **Chaudhary Chiranji Lal
College of Pharmacy, Mathura**, as **H.O.D.**, on the approval of Pharmacy Council of India,
New Delhi ; AICTE, New Delhi and BTE, Lucknow.

Thanking You,

Your's Faithfully



(Jitendra Chaudhary)