

Dated: 01.10.2020

To,
President,
Shrimati Satyawati Devi Shiksha Samiti,
Vill-Adda, PO-Karav, Tehsil-Mahavan,
Distt.-Mathura, Uttar Pradesh - 281001.

Respected Sir,

This has reference to your offer/Appointment letter No. S.S.D.S. / 1084 / 2020-21 dated 01.10.2020. I hereby give my free consent to join as ~~Principal~~ at your institute Chaudhary Chiranji Lal College of Pharmacy, Vill-Adda, PO-Karav, Tehsil-Mahavan, Distt.-Mathura, Uttar Pradesh for the A.Y. 2019-20.

Thanks & Regards,


Yours Faithfully

