

To

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

Subject: Consent Letter for joining.

R/Sir,

With reference to your letter no. CCCEP/2019/17 dated: 15-07-2019 here by
I, am giving you, my consent to join your institute in the name of Chaudhary Chiranjilal
College of Pharmacy, Mathura, as Lecturer, on the approval of Pharmacy Council of
India, New Delhi; AICTE, New Delhi and BTE, Lucknow.

Thanking You,

Your's Faithfully

Kirti
(Km. Kirti)

AKASH