

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. CC-LCP/2019/15 dated: 15-07-2019 here by  
I, am giving you, my consent to join your institute in the name of **Chaudhary Chiranji Lal  
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

  
(Pravin Kumar)