

AI SHREE COLLEGE OF PHARMACY

AMARJUR, POST - HARANPUR SARAI, DIST- MEERUT, (U.P) PIN- 250106
CONTACT NO. 9896111100, 9896111000

Signature of Student

Date: _____

Name: Daksh Kumar Singh
Address: Chandernagar Village
Dist. Meerut, U.P.
Pin-250106

CONSENT LETTER

Dear Sir,

1. I am writing to you to request you to allow me to participate in the study of the effect of _____ on the _____ of _____.
2. Your consent will be given only if you have read and understood the _____.

Thank you Sir

- I understand that you have read and understood the _____.
- I understand that you have read and understood the _____.
- I understand that you have read and understood the _____.
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