

To,

The Chairman,  
Surya College of Pharmacy  
Village-Meerganj, Post-Khalilabad,  
Dist-Sant Kabir Nagar.

**Sub: Regarding Consent Letter for Joining.**

Dear Sir,

With reference to your appointment letter date 05/10/2022, I **Karunakar Prasad Dwivedi S/o Madhav Prasad Dwivedi Vill-Parsa Buzurug, Post-Uska Bazar Siddharthnagar-272208,** is giving my consent to join the institute as **Assistant Professor** latest by 15/12/2022 the terms & condition stated in appointment letter accepted to me

Thanks & Regards!


Name: Mr. Karunakar Prasad Dwivedi

Signature:



Date:

14/10/2022

  
प्रबन्धक  
सूर्या कालेज ऑफ फार्मेसी  
मीरगंज, खलीलाबाद  
सन्त कबीर नगर