

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 **Ankita Tiwari D/o Awarhesh Tiwari Vill-Thakurdeva, Post-Bardihadall Deoria-274001,** is giving my consent to join the institute as **Associate Professor** latest by 15/12/2022 the terms & condition stated in appointment letter accepted to me.

Thanks & Regards!

Name:

Ankita Tiwari

Signature:

Date:

14/10/2022

प्रबन्धक

सूर्या कालेज ऑफ फार्मेसी
मीरगंज, खलीलाबाद
सन्त कबीर नगर