



# Vatsalya Institute of Medical Sciences

18/01/2023

To,

The Director  
Vatsalya Institute of Medical Sciences  
Prayagraj

Subject: Consent to join Vatsalya Institute of Pharmacy

Dear Sir,

I hereby give my consent to Join your upcoming Vatsalya Institute of Pharmacy, Prayagraj if approved by Pharmacy Council of India. I assure you that I will join the institute as Lecturer on or before the start session within 10 days. Of the notice

Thanking You

Yours Sincerely

  
Anjali Rai

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