



VATSALYA INSTITUTE OF PHARMACY

To,

Date: - 18/08/2023

The Director

Vatsalya Institute of Medical Sciences

Prayagraj

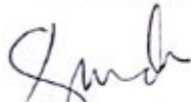
Subject: Consent to join Vatsalya Institute of Pharmacy

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


Sudhir Kumar

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