



Vatsalya Institute Of Medical Sciences

Date: 16.8.2023

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 Accountant on or before the start session within 10 days of the notice.

Thanking You

Yours Sincerely

Rishabh Kesarwani

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