

To,

The Principal
S.S. Memorial College of
Pharmacy, Safai

Letter of Consent

I, Shweta Singh S/O, D/O, W/O Neetesh Kumar
R/O Hawaii Pati Road near Durga Mandir, Safai

Agree to join in S.S. Memorial College of Pharmacy
as per the terms and condition discussed with management of the institute. Thereby given my consent
regarding the joining as Asst. Prof. in the institute if permission is granted by pharmacy council of
India, New Delhi to the said college. At time of joining the management of the institute and I will abide
by the discussed terms & conditions with effect from date of joining on the declared terms & conditions
and laid drawn payment by the concern institute.

Thanking you

Your's faithfully

Shweta Singh
Shweta

~~S/O~~

PRINCIPAL
S.S. MEMORIAL COLLEGE OF PHARMACY
SAIFAI, ETAWAH