

To,

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

Letter of Consent

I, Karambi Singh s/o, D/O, W/O Hari kishan
R/O H.No-221, Near S. Block, DLF PHASE-III, Gurgaon (HR)

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

Karambi

Your's faithfully

S/S

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