

To,

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

Letter of Consent

I, Shabukh Khan, s/o, D/O, W/O, Mr. Wakeel Ahmad  
R/O, 555 A, New Basti, Katia, Shamsheer Khan, Etawah

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

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