

To,

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


Letter of Consent

I, Dharmendra Kumar S/O, D/O, W/O Shri Achchhe Lal
R/O Dr. Ram Manohar Lohiya Hostel, Safai, Etawah-206001

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 Lecturer 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
Dharmendra

Your's faithfully


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