

To,

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

Letter of Consent


I, Archana Kumari S/O, D/O, W/O. Shri Chandu Dew Bhasi
R/O Will Ukanda, Post: Hafizpur, Azamgarh, U.P.

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 down payment by the concern institute.

Thanking you

Archana

Your's faithfully


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