

To, manager / Principal
Agriim College of Pharmacy
Kannauj

LETTER OF CONSENT

I Hemish Saini S/O, D/O, W/O Mahaveer Prasad R/O of mangal vihar
Ram Nagar Sodala Jaipur agree to join Agriim College of Pharmacy
_____ as per the terms and conditions discussed with management of the institute. I hereby given
my consent regarding the joining as Faculty / Asst. Professor 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

Baini

Your's Faithfully

Avesh
Principal
Agriim College of Pharmacy
Raghu Raj Nagar, Chandapur
Kannauj-33