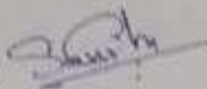
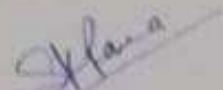


I Sani kumar give my consent to Join as Lab Assistant Prathviraj
chauhan college of pharmacy if the institution gets approved from
B.T.E.

Signature of faculty 

Signature of Chairman



CHAIRMAN
BAIS SHIKSHA PRASAR SAMITI
UTTAR PRADESH, MORADABAD

Date

06/05/2023