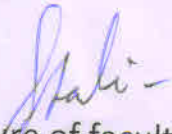


I Shaili give my consent to Join as Lab Assistant Prathviraj
chauhan college of pharmacy if the institution gets approved from B.T.E



Signature of faculty

:



CHAIRMAN

BAIS SHIKSHA PRASAR SAMITI
UTTAR PRADESH, MORADABAD

Signature of Chairman

Date 06/05/2023