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TO,

Chairman/Manager
Hazarilal College Of Pharmacy
Paharapur (Khalgaon) Sitapur
Uttar Pradesh – 261301

Subject – Consent Letter for Teaching in your College.

Sir,

I, Arun Kumar Son of Mr. Ahore Lal resident of SS/1262, Sec-A, Aliganj Lucknow, hereby give my consent for teaching in D. Pharma Course in your college. I understand the term and conditions as well as compensation.

Thanking You!

Sincerely Yours

अरुण कुमार

(Arun Kumar)

Date 20/11/2022

Place Paharapur