

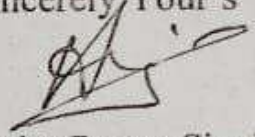
TO,  
Chairman/Manager  
Hazarilal College Of Pharmacy  
Paharapur (Khalgaon) Sitapur  
Uttar Pradesh – 261301

**Subject – Consent Letter for Teaching in your College.**

Sir,  
I, Raghvendra Pratap Singh Son of Mr. Rakesh Singh resident of HN 94 Rampur Devrai Bakshi Ka Talab 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



(Raghvendra Pratap Singh)

Date 29.11.2022

Place Paharapur