

DSSOP PHARMACY COLLEGE

ADDRESS : KARAUDA MASINA, POST - DEWRA BAZAR, DISTT.-SIDDHARTH NAGAR (U.P.)

UNDER THE AEGIS OF : PRATEEK SINGH MEMORIAL TRUST

Address : HIG-5 Sector-A, Sitapur Road, Vistar Yojana, Aliganj, Lucknow. (U.P.) 222 001

Ref. No.: DSSOP/off/APP/2022-23/21

Date : 03/03/2023

To,

Mr. Manish Kumar
Add-Rehara Bazar
Distt. Siddharth Nagar (U.P.) 272207

Subject: Appointment Letter for the post of Assistant Professor

Dear, Sir/Madam,

With reference to your application and the subsequent interview held on 20/02/2023, we are pleased to inform you that you have been appointed for the post of **Assistant Professor** at DSSOP Pharmacy College, Karaunda-Masina, Siddharth Nagar on following terms & conditions:

1. You are appointed on a consolidated monthly salary of Rs 28000=00.
2. You are required to join the college at the earliest but not later than 20 days from the date of issue of this letter.
3. You are requested to submit self-attested copies of your mark sheet, testimonials & certificates from high school to last examination passed by you.
4. You will be governed by the service and conduct rules as prescribed by the college / management from time to time.
5. You will be on probation for a period of one year, which may be extended for another period of one year.
6. During probation and thereafter, your services may be terminated by giving one month notice without any reason being assigned. However, the appointing authority/management reserves the right to terminate the service of the appointee before expiry of the stipulated period of notice, by making payment of a sum equivalent to the pay and allowances for the period of the notice of the unexpired period, thereof.
7. Your appointment is on full time basis and you shall not be permitted to engage yourself in any outside business, consultation, tuition and/ or any other type of outside work without express sanction of the management.
8. You are requested to join duties on or before 12/03/2023
9. Hierarchy system is followed.

If the above terms and condition are acceptable to you, please sign the duplicate copy of this letter as acceptance letter of the conditions stipulated in this appointment letter.

We look forward to your association with us.

Copy to:

1. Director, DSSOP Pharmacy College.
2. Accounts department.
3. Office file.


Chairperson
Chairperson
DSSOP Pharmacy College
Karaunda Masina-Siddharth Nagar