

Ref. no- PIP/GKP/23/0001

Date- 01.07.2023

To,

**Mr. Arvind Shankar Lal Srivastava (Reg. No- 27178)**

**Contact No- 91290-55989**

**S/O- Hari Shankar Lal Srivastava**

**Officers Colony, Jagdishpur Khurd**

**Siddhartha Nagar U.P. -272207**

**OFFER /APPOINTMENT LETTER**

With reference to your application and subsequent meeting you had with us management of Platinum Institute of Pharmacy Sahjanwa, Gorakhpur is pleased to appoint you on the post of **PRINCIPAL** in pharmacy department on the following terms and condition.

- 1- You are requested to join your duty from 01.07.2023.
- 2- You will be on probation for a period of 01 Year from the date of your joining and during the probation period, Your service can be terminated at any time without assigning any reason. Minimum Service Period is 02 Years including period of probation.
- 3- On completion of probation period, termination of the appointment will be governed by one month notice from either side or one month salary in lieu thereof.
- 4- Your duties include all academic works, conducting co-curricular, extracurricular activities, maintaining disciplines in the students, accompanying with the students for educational tour, placement drives and examination works etc. and other academic and administrative assignment assigned to you by seniors/HOD/PRINCIPAL/DIRECTOR from time to time.
- 5- You shall not accept any other full or part time job whether for any other monetary consideration or not to do any business and not to acquire any Financial interest anywhere without the permission of the institute in writing during your tenure of service with the institute.

- 6- You will obey and comply with all reasonable orders and instructions given to you by your seniors/HOD/PRINCIPAL/ DIRECTOR from time to time.
- 7- Absence from duties for a continuous period of 7days or over stay for a period of 7 days without information of head of institution would make you loose your job and your service automatically come to end without any notice or intimation from the side of management.

**Reporting Address:-**

**Platinum Institute of Pharmacy  
Sahjanwa, Gorakhpur (U.P.)**

This letter is sent to you in duplicate and you're requested to return one copy thereof duly signed as token of your acceptance of the terms & Conditions embodied therein.

We look forward to your long and happy association with our organization.

Thanking You,  
For, Platinum Institute of Pharmacy

*For Chairman*  
*Deepthi Singh*  
**Shruti Singh**  
Director-Administration  
Chairman  
Platinum Institute of Pharmacy  
Semara, Sahjanwa

I have carefully read and understood the above Terms & Conditions and give my acceptance.

Dated: 01/07/2023

*Arvind Shankar Lal Srivastava*  
**Arvind Shankar Lal Srivastava**

**Cc to:** Accounts Department Platinum Institute of Pharmacy, Sahjanwa, Gorakhpur.