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| Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Designation)  (Institute/Hospital) | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Subject:** Educational Support | |
| Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hilton Pharma Limited values your services in patient care and take pride in promoting scientific knowledge and medical advancement.  Hilton Pharma Limited pleased to accept your request for educational support on **[Date]** to facilitate the delivery of effective healthcare.  Hilton Pharma will pay the required fee and other related expenses through cheque / electronic transfer.  We appreciate this noble initiative and feel pleasure to be part of this cause. It is requested to please acknowledge the receipt of this letter.  Sincerely Yours, | |
| Medical Affairs Department | Agreed upon |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |