

Acceptance Confirmation for Pharmaceutical Internship

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Employer's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally accept the internship offer for the position of [Internship Title] at [Company's Name], which I received on [Date of Offer]. I am excited about the opportunity to contribute to your team and to gain valuable experience in the pharmaceutical industry.

I confirm my acceptance of the internship, which is scheduled to begin on [Start Date] and will run until [End Date]. I understand the terms and conditions outlined in the offer and am looking forward to starting this new chapter of my career.

Thank you for this opportunity. Please let me know if you need any further information or documentation from my side.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]