

# HMS College of Pharmacy

Staff Consent 2022-23

D. V. P. W.

## HMS College of Pharmacy

Staff Consent 2022-23

1. Name: AKHIL KUMAR SHUKLA

2. Date of Birth & Age: 25/11/1982

3. Recent Passport size photo of the Employee

Signed by Dean - Principal of the college

4. Submit Photo ID card issued by Govt. Authorities

Photo ID submitted:  Passport copy /  Driving Licence /  PAN Card /  Voter ID /  MCI Smart ID Card /  State Pharmacy Council ID.

Number VILN5330 Issued by Electronics & IT Dept. of India

Without Photo ID, Declaration form will be rejected and will not be considered as teaching faculty.

1(e) Whether of belongs to: SC/ST/OBC/ Ex-service /Others.

1(f) Residential Address of Employee:

H.N. 23, GIRDHARI NAGAR EXHIBITION GROUND  
BULANDSHAHAR

1(g) Copy of Passport / Voter Card / Ration Card / Electricity Bill / Driving License Attached as a proof of residence.

1(h) Phone & Fax Number With Code:

Office: \_\_\_\_\_

Residence: \_\_\_\_\_

E-mail address: akhilgms82@gmail.com

Mobile Number: 7060420586

I, hereby provide my consent to join as a Lecturer/Asst. Prof. in HMS College of Pharmacy Village Roopwas Pachgai Bulandshahr, in case the Institution is granted Affiliation for the session 2022-23

Akhil  
Signature of Faculty

[Signature]  
Signature of  
Head of Institution