

# HMS College of Pharmacy

## Staff Consent 2022-23

1(a) Name Keishan Munawar

1(b) Date of Birth & Age 01/06/1989

1(c) Recent Passport size photo of the Employee



Signed by Dean / Principal of the college.

1(d) Submit Photo ID proof issued by Govt. Authorities:

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

Number BDJPM36470 issued by Govt. of India Photograph

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:

Sahnaul, Sahnaul, Atrauli Aligarh  
Pincode → 202282

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: Keishanmunawar95487875@gmail.com

Mobile Number: 9548787579

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

Keishan  
Signature of Faculty

Keishan  
Signature of  
Head of Institution