

HMS College of Pharmacy

Staff Consent 2022-23

1(a) Name Anuj Kumar

1(b) Date of Birth & Age 20/3/1998

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 COXPK24716 Issued by Govt. A. Ludhiana 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:

Vill + Post - Dhamrawali ; Distt. Bulandshahr.

Pincode - 203002

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: Anujkumar7060600@gmail.com

Mobile Number: 7906244643

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

Signature of Faculty

Signature of

Head of Institution