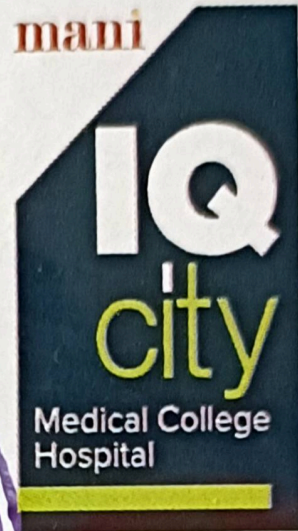
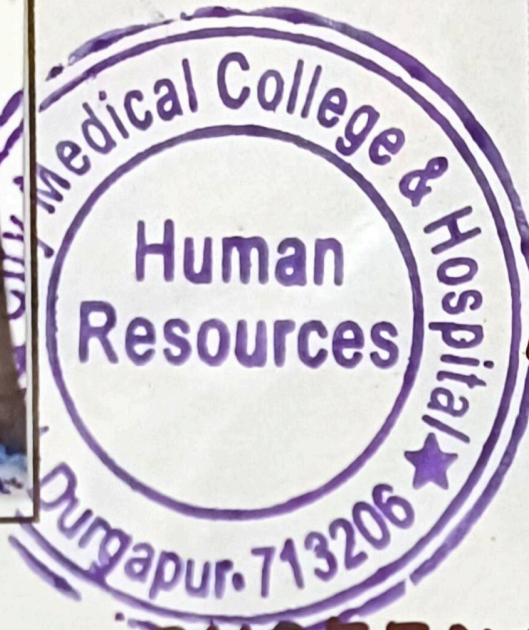
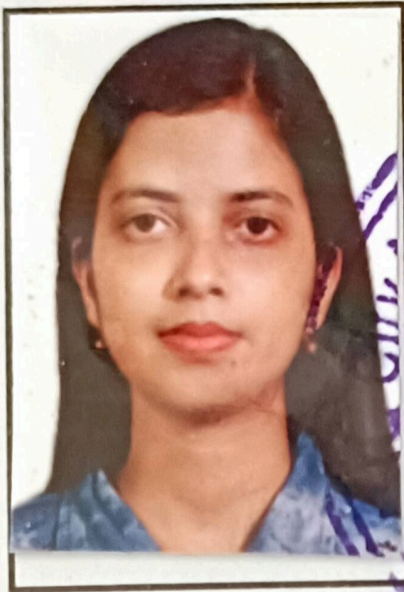


IDENTITY CARD

mani



IACT
4917

Name of Employee : **SHREEMA BAKSI**

Department : **PHARMACY COLLEGE**

Designation : **ASSISTANT PROFESSOR**

Blood Group : **B+ve**

Emergency Contact No. **9932136523**

Shreema Baxsi
Signature of Employee

Rohanty
Authorised Signatory
(With Seal)