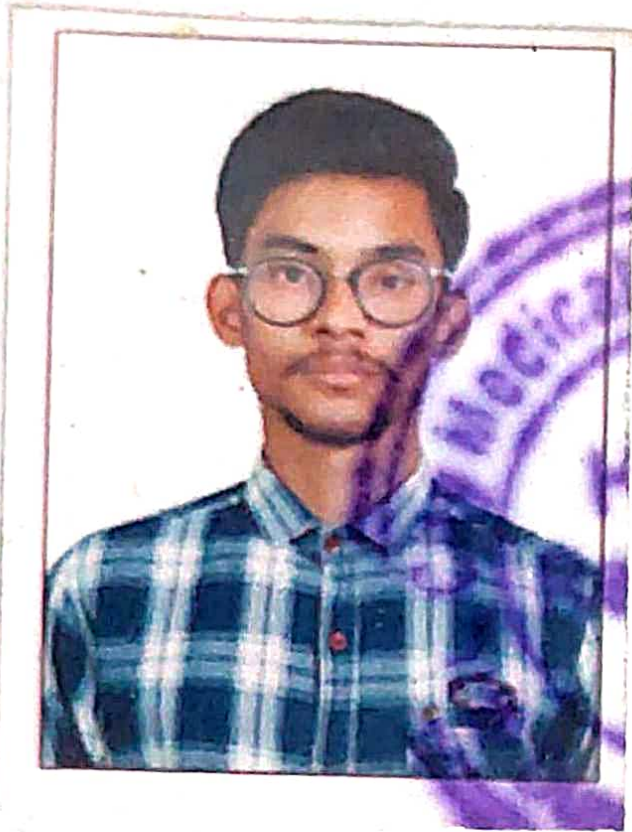
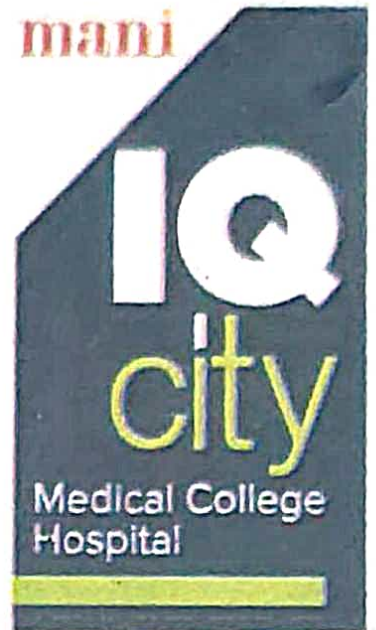


# IDENTITY CARD

mani



IACT  
4916

**Name of Employee :** SOURAV ROY

**Department :** PHARMACY COLLEGE

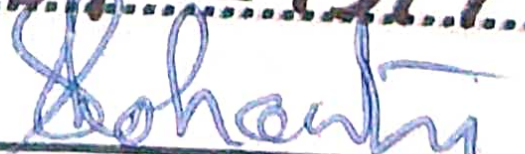
**Designation :** ASSISTANT PROFESSOR

**Blood Group :** A + ve

**Emergency Contact No. :** 9434524317

Sourav Roy

Signature of Employee

  
Authorized Signatory  
(With Seal)