

**CONSENT FORM-HMDJ**

**ADVISORY BOARD**

I hereby agree to perform the duties and responsibilities assigned to me as a member of the Advisory Board of HMDJ. I will keep the confidentiality of all materials, documents, or data received from HMDJ. I will not share it with anyone without prior permission.

**Name:**

**Signature:** \_\_\_\_\_

**Designation:** Advisory Board Member HMDJ

**Institute:**

**Contact number:**

**Email:**