

ALUMNI REGISTRATION FORM

Name: \_\_\_\_\_  
(Surname) (First name) (Middle name) (Mother's name)

Year of passing: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Landline No: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

Address for \_\_\_\_\_

Correspondence: \_\_\_\_\_

Qualification details: \_\_\_\_\_

Current status details:

Position	
Institute/company Name	
Address, Phone No	
Business details	
Name of firm, address and phone no	

Declaration: I Mr. /Ms/Mrs. \_\_\_\_\_ here by declare that, I wish to join as an Alumni of this college and I accept the responsibilities in favor of development of Pharmacy profession.

Sign of Alumni: \_\_\_\_\_

FOR OFFICE USE ONLY

Received date: \_\_\_\_\_

Registration No: \_\_\_\_\_

Authority signature: