

INSTITUTE OF PHARMACY & RESEARCH

Anjangaon Bari Road, Badnera-Amravati.

ALUMNI ASSOCIATION

(Reg. No. Maharashtra 174/2020) Date of Registration: 04.03.2020

MEMBERSHIP REGISTRATION FORM

PERSONAL IN	NFORMATI	ON																
NAME OF THE																		
UNIVERSITY REGISTER NUMBER																		
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DATE OF BIRT	TH (DD/MM	/YYYY)			,	′	/						Spac	e fo	r Aff	ixing	or
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CATEGORY					SC / ST / OBC / OPEN / SBC / MINORITY							Size Photograph						
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ADDRESS	Is your per	manent ac	ddres	s th	e sam	ie a	s your	cont	act address			YES / NO						
P	ERMANEN	T ADD	RES	SS					CONTACT ADDRESS									
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ENTREPRENEUR YES / NO																		
COMPANY ADDRESS						COLLEGE ADDRESS												
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DETAILS OF AC	CHIVEMEN	T'S / AWARDS RECEIV	/ED (IF ANY)						
CONTRIBUTION	N TO ALUM	MINI ASSOCIATION							
CHANGE OF AD	DRESS (IF	ANY)							
TELL US MORE	ABOUT YO								
MARITAL STATUS		MARRIED / SINGLE	MARRIAGE DATE						
SPOUSE'S NAME			CHILD(REN)'S NAME(S)						
SPOUSE'S EMPLOY	MENT	YES / NO							
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STATION									
									
DATE			SIGNATURE O	OF THE ALUMNI					
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NAME :	•		PRINCIPAL						
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Alumni Membe	ership No.		Receipt No						
Alumni Membe	ership Fees	s :- Rs. 500/-	Date of Payment						
		Fo	or Office Use Only						
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