

### Alumni Membership Registration Form

<b>For official use</b>	
Alumni No. :	Date :
Sign of Authority :	

- Note:** 1. It is mandatory to fill all columns.  
2. Provide two colored photographs & Paste one in the place holder.

• **PERSONAL INFORMATION :-**

First Name:-	Affix Recent Passport size Photo
Middle Name:-	
Last Name:-	
Registration No.:-	Nationality :-
Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>	Blood Group :-
Date of Birth(dd-mm-yyyy) :-	
Year of Joining :-	Year of Passing :-
Marital Status :-	Name & Designation of Spouse -
Current Address :-	
E-Mail I D :-	
Landline No. :-	Mobile No.:-

Are you current /ex member of any NGO, Govt. Organization or social service/ welfare Organization? \_\_\_\_\_ (Yes/No)  
(If yes, please mention the name)

Father's / Husband's Name:-

Address (Include PIN code):-

Landline No.:

Mobile No.: -

Email Id:-

Occupation:-

Mother's Name:-

Landline No.:-

Mobile No.:-

Email Id:-

Occupation:-

• **PROFESSIONAL DETAILS:**

Name of the Hospital / Medical Store Organization : -

Designation:-

Work Experience:-

Office Address (Include PIN Code):-

Landline No.:-

Mobile No.:-

Email Id:-

	Sr.No.	Name	Occupation	Mobile No.
Information of any five Classmates / alumni	1			
	2			
	3			
	4			
	5			

- **Desired Role of Alumni towards Institute**

<input type="checkbox"/> 1) As a resource person for Guest Lecture, seminar etc.
<input type="checkbox"/> 2) For placement of present students.
<input type="checkbox"/> 3) For Contributing / Arrangement of Hospital / Industrial visit.
<input type="checkbox"/> 4) Taking Initiatives for social activities like Blood Donation camp, Health check up camp, Orphanage / old home visit etc.


- **DECLARATION AND PERMISSION:**

I declare that all the information provided in this application is true, accurate and complete to the best of my knowledge. I agree that by submitting this application, I am bound by the rules and Regulation of the DR. D.Y.Patil Institute of Pharmacy. Alumni Association and I Consent to the collection, use and disclosure of my personal information.

Place:

Date:

(Name & Signature of the Student)