

## MEMBERSHIP FORM

# ALUMNI ASSOCIATION

INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH

Borgaon (Meghe), Wardha  
Maharashtra State, India – 442 001



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The Hon. Gen. Secretary,  
Alumni Association

Put (vp)  
Type of Membership

Approving of its objectives, I hereby apply for the membership, as indicated herein, of the **Alumni Association** and declare that on admission, I shall abide by the rules and regulation of the society.

	Life Member
	Membership for 10 years

### FULL NAME OF APPLICANT (IN BLOCK LETTERS)

Surname \_\_\_\_\_ Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Pin Code \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Passport  
Size  
Photograph

### PRESENT OCCUPATION & DESIGNATION \_\_\_\_\_

Address (Office) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### EDUCATIONAL QUALIFICATION

Diploma / Degree	Year of Passing	Name of Institute & University / Board
D.Pharm.		
B.Pharm.		
M.Pharm.		
Ph.D.		
Any other		

Date of Birth \_\_\_\_\_ Blood Group \_\_\_\_\_

Marital Status (Married / Unmarried) \_\_\_\_\_ Date of Marriage \_\_\_\_\_

## MEMBERSHIP FEES

Life Member Rs. 1000/-

Ten years Membership Rs. 500/-

### APPLICATION & REMITTANCE

Application Form together with necessary fee should be mailed to the Alumni Association, Institute of Pharmaceutical Education and Research, Borgaon (Meghe), Wardha – 442001 (M.S.) by A/c Payee Cheque / Draft drawn in favour of **ALUMNI ASSOCIATION, IPER, WARDHA.**

**Please add Rs. 40/- for out-station cheques.**

Amount (in words & figures) \_\_\_\_\_ Rs.

Mode of Payment (v)

CASH

CHEQUE

DRAFT

Cheque / Draft No. \_\_\_\_\_

Name of the Bank \_\_\_\_\_

Branch \_\_\_\_\_ City \_\_\_\_\_

Date : \_\_\_\_\_

Applicant's Signature

FOR OFFICE USE ONLY

Membership No. \_\_\_\_\_ Date of admission \_\_\_\_\_

Signature  
(Treasurer)

Signature  
(Hon. Gen. Secretary)