



MEMBERSHIP FORM  
**ALUMNI ASSOCIATION**

AGNIHOTRI COLLEGE OF PHARMACY,  
Sindi (Meghe), Ramnagar, Wardha  
Maharashtra State, India – 442 001

Ph.No. – 07152 –234548

Fax – 07152 –234548

E-mail: [info@acpwardha.org](mailto:info@acpwardha.org)

The Hon. Gen. Secretary,  
Alumni Association

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, Agnihotri College of Pharmacy, Sindi (meghe), Ramnagar, Wardha 442001 (M.S.) by A/c Payee Cheque / Draft drawn in favour of ALUMNI ASSOCIATION, ACP, WARDHA.

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

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

Mode of Payment (vr)

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)