



## **ALUMNI ASSOCIATION OF YBCP**

### **MEMBERSHIP REGISTRATION FORM**

Photo

#### **1. PERSONAL DETAILS:**

Name of Alumni: Mr. /Ms. /Dr.

.....

Date of Birth (DD/MM/YYYY) ..... Gender: Male / Female

Blood Group: .....

Course Enrolled at YBCP: ..... Month & Year of Joining: .....

Month & Year of Passing: ..... Percentage/ Grade.....

Current Address:

.....  
.....

Permanent Address:

.....  
.....

Mobile No: .....

Email ID: .....

#### **2. WORKING ORGANISATION /INSTITUTE DETAILS:**

Name of Organization:.....

Address:.....

.....

Phone No: .....

Designation: ..... Current CTC: .....

Job Profile:

.....  
.....

Suggestions for Alumni/Guidance or assistance From Alumni (if required):

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.....



Shri Yashwantrao Bhonsale Education Society's  
**YASHWANTRAO BHONSALE COLLEGE OF PHARMACY**  
A/ P: Charathe, Tal: Sawantwadi, Dist.: Sindhudurg, Maharashtra- 416 510

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**3. MEMBERSHIP DETAILS**

Type of Membership applied for: a) Life Membership          b) Annual Membership

Membership Fees Paid: a) Life Membership: Rs. 2000/- b) Annual Membership:

(Alumni living abroad may register for life time membership by paying USD 100 or Equivalent.)

Mode of Payment of Fees: Online/Bank Transfer/ Draft/ Cheque/Cash

Details of Payment:

Name of Bank.....Branch.....

Draft/Cheque No.....Dated.....

Amount paid: .....

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**4. DECLARATION**

I hereby declare that the information furnished above is true to the best of my knowledge.

Place: .....

Date: .....

Signature of Alumni

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**FOR OFFICE USE**

Alumni Reg. No.: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

Remark: \_\_\_\_\_

Alumni In-charge

Principal

College Seal