

[illegible]

Email Address (Mandatory):

Present Organization:

Designation:

CAREER PROFILE:

I have worked with the following organizations:

| Name of Organization & Address | Year | Job / Designation |
|--|------|-------------------|
| | | |
| Other achievements (If you wish to highlight): | | |
| | | |

FAMILY PROFILE:

Marital Status:

☐

Single

☐

Married

Anniversary Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Spouse Name:

LIFE MEMBERSHIP FEES:

- i. For any graduate, who has not registered at the time of entry to the college membership will be Rs 500/- (Five hundred Only), life time membership will be only 1000 (One thousand only)

The crossed Cheque/ Drafts/ UPI / Transfers must be the given in the Name of
"SRINIVASARAO COLLEGE OF PHARMACY ALUMNI ASSOCIATION"

BANK DETAILS:

| | |
|---------------------|-------|
| Account Name: | |
| Account Number: | |
| IFSC Code: | MICR: |
| Bank Name & Branch: | |

MODE OF PAYMENT:☐

Cash

☐

Cheque / DD

☐

Credit Card

☐

RTGS

☐

Payment Gateway on Web Portal

☐

Other

TRANSFER DETAILS:

Applicant Signature

| |
|--|
| |
|--|

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Receipt No:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

LIFE MEMBERSHIP NUMBER:

FOR OFFICIAL RECORD

Received by
(Name/ Designation/ Date)

Verification by
(Administrative Officer/ Date)

Approved by
(Hon. Secretary/ Date)