



Chetana Foundation  
**CHETANA COLLEGE OF PHARMACY**  
Pune-solapur Highway Sardewadi, Indapur, Pune-413106



**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:-	
Nationality :-	
Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>	Blood Group :-
Date of Birth (DD-MM-YY) :-	
Year of Joining:-	Year of Passing :-
Marital Status:-	Name & Designation of Spouse -
Current Address:-	
E-Mail ID :-	
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 **Chetana College of Pharmacy**. Alumni Association and I Consent to the collection, use and disclosure of my personal information.

**Place:**

**Date:**

(Name & Signature of the Student)