



# ALUMNI ASSOCIATION

## SHREE SANTKRUPA COLLEGE OF PHARMACY

GHGAON, TAL-KARAD, DIST-SATARA, M.S. INDIA-415111

### REGISTRATION FORM

**Phone No:** 02164-257374, **Fax No:** 257404, **Email ID:** [alumnisntk@rediffmail.com](mailto:alumnisntk@rediffmail.com)

#### PERSONAL INFORMATION:

STUDENT NAME : \_\_\_\_\_

FATHER NAME : \_\_\_\_\_

PHOTO

HUSBAND NAME (FOR FEMALE ONLY): \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_ GENDER : \_\_\_\_\_

RELIGION : \_\_\_\_\_

MARITAL STATUS : MARRIED/UNMARRIED DATE OF MARRIAGE : \_\_\_\_\_

#### ACADEMIC YEAR IN WHICH APPEARED & PASSED:

APPEARED	CLASS	PASSED	CLASS

PRESENT OCCUPATION & DESIGNATION : \_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL QUALIFICATION :**

<b>COURSE</b>	<b>YEAR OF PASSING</b>	<b>PERCENTAGE</b>	<b>NAME OF COLLEGE</b>
D.Pharm			
B.Pharm			
M.Pharm			
Ph.D			

**ADDRESS FOR CORRESPONDENCE :**

PRESENT : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERMANENT : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT NO : HOME - \_\_\_\_\_ MOBILE - \_\_\_\_\_

OFFICE - \_\_\_\_\_

EMAIL ID : \_\_\_\_\_

DATE: \_\_\_\_\_

Signature of the Student