



**RAJGAD DNYANPEETH'S  
COLLEGE OF PHARMACY, BHOR  
(R.D.C.O.P. ALUMNI ASSOCIATION)**

AFFIX RECENT  
PASSPORT SIZE  
PHOTO HERE

**MEMBERSHIP FORM**

NOTE:- FILL IN CAPITAL LETTERS ONLY.

I) **NAME OF STUDENT:-** \_\_\_\_\_  
(FULL NAME)                      SURNAME                      MIDDLE NAME                      FATHER'S/HUSBAND'S NAME

II) **GENDER:-**                      1) MALE:-                       2) FEMALE:-

III) **DATE OF BIRTH:-**

--	--	--	--	--	--	--	--

IV) **MARITAL STATUS:-**                      1) MARRIED:-                       2) UNMARRIED:-

V) **RELIGION:-** \_\_\_\_\_ **CASTE:-** \_\_\_\_\_

VI) **CONTACT NO.:-**                      1) MOBILE:- \_\_\_\_\_                      2) LANDLINE:- \_\_\_\_\_

VII) **E-MAIL ADDRESS:-** \_\_\_\_\_

VIII) **YEAR OF PASSING:-** \_\_\_\_\_

IX) **COURSE COMPLETED:-**

D.PHARM :-                       B.PHARM :-                       M.PHARM :-

X) **PERMANENT ADDRESS :-** \_\_\_\_\_

**CURRENT ADDRESS:-** \_\_\_\_\_

XI) **YOUR CURRENT POSITION:-** EMPLOYED -  BUSINESS-  HIGHER EDUCATION

**1. IF, EMPLOYED:**

1.1. NAME OF ORGANIZATION \_\_\_\_\_

1.2. ADDRESS OF ORGANIZATION \_\_\_\_\_

1.3. MOBILE NO. \_\_\_\_\_

1.4. LAND LINE NO. \_\_\_\_\_

1.5. E-MAIL ID. \_\_\_\_\_

**2. IF, BUSINESS:**

2.1. NAME OF ORGANIZATION \_\_\_\_\_

2.2. ADDRESS OF ORGANIZATION \_\_\_\_\_

2.3. MOBILE NO. \_\_\_\_\_

2.4. LAND LINE NO. \_\_\_\_\_

2.5. E-MAIL ID. \_\_\_\_\_

**3. IF, STUDYING HIGHER EDUCATION:**

3.1. COURSE NAME \_\_\_\_\_

3.2. NAME OF INSTITUTE \_\_\_\_\_

3.3. ADDRESS OF INSTITUTE \_\_\_\_\_

3.4. PHONE NO. \_\_\_\_\_

3.5. E-MAIL ID. \_\_\_\_\_

**4. PLEASE GIVE FEED BACK FOR FURTHER IMPROVEMENT OF COLLEGE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. VALUABLE SUGGESTION TO THE ALUMNI ASSOCIATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THANKING YOU,**

**DATE:-**

**SIGNATURE**