

**ALUMNI ASSOCIATION OF M.C.E. SOCIETY'S
INSTITUTE OF PHARMACY (DIPLOMA)**

Regd no: MAH/2250/2012/PUNE Dated: 22/11/2012/PUNE

REGISTRATION FORM

Date :

Full Name : _____

Degree obtained from IOP : **D.Pharm**

Additional Qualification : _____

Pass out year : _____

Birth Date : _____

Current Designation : _____

Name of Employer & Address : _____

Address for communication (preferably permanent address):

E Mail ID : _____

Contact No. : _____

Landline : _____

I am happy to donate an amount of Rs _____ /-

I wish that my donation should be used for the purpose of: (Please select from the list below)

- Students' Aid Fund (To Poor & needy students)
- Sports & Cultural Activities
- Seminars Workshop

- Social Activities (Health checkup camp, Donation to Orphanage, Blood Donation Camp)
- Others, (please specify) _____

In case you have some specific idea or a purpose or a program for the utilization of funds, please describe it below

Kindly register by sending back the form to iopalumini@gmail.com

Kindly register my name in your records. My address, Telephone number and email address is given below.

Thanking you

Yours faithfully

Signature

FOR OFFICE USE ONLY:

Date:

Amount Received as for Registration/ Donation/others: Rs. _____

Cash Cheque DD Online transfer

| MCE Society's Institute of Pharmacy Alumni Association Bank Details | |
|---|--|
| Name of A/C | M/s ALUMINI ASSOCIATION OF MCE SOC INST PHARMACY |
| Type of A/C | Current |
| A/C No. | 001911001000690 |
| IFSC Code | HDFC0CMUSLM |
| Branch & Branch Code | Azam Campus (0019) |
| Address | 2390-B, New Modikhana Pune 411 001, Maharashtra, India |

Registration number:

| | | | | | | | |
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Name and signature: