

# ALUMNI ASSOCIATION



**Prabodhan Shikshan Prasarak Sanstha's  
INDIRA INSTITUTE OF PHARMACY, SADAVALI**

Tal: Sangameshwar, Dist. Ratnagiri Pin- 415 804.  
(Approved By: AICTE & PCI, New Delhi, D.T.E., Govt. of Maharashtra & Affiliated to University of Mumbai)  
Phone: **02354-241799**, Fax: **02354-241499**, E-mail: [info@iip.ind.in](mailto:info@iip.ind.in) URL: [www.iip.ind.in](http://www.iip.ind.in)  
*"Inculcating true values Disseminating eternal knowledge"*

**Passport size  
Photo**

## MEMBERSHIP REGISTRATION FORM

<b>Name in Capital Letters</b>	<b>Mr/Ms</b>		
	<b>First Name</b>	<b>Middle Name</b>	<b>Surname</b>
<b>Address for Communication</b>	<b>Flat No./Building Name:</b>		
	<b>Area Name:</b>		
	<b>Street Name</b>		
	<b>City:</b>	<b>Post Office</b>	<b>State</b>
	<b>Pin code:</b>		
<b>Telephone Numbers</b>	<b>Residence Phone</b>	<b>Office Phone</b>	
<b>Mobile No:</b>	<b>Email ID:</b>		
<b>Year of Passing</b>		<b>Specialization</b>	<b>B.Pharmacy / M.Pharmacy</b>
<b>Present Employment Details</b>	<b>Organization Name</b>	<b>Address</b>	<b>Designation</b>

Your suggestions if any and in what way you can contribute for institution development:

.....  
 .....  
 .....  
 .....

**Special achievements:** .....

**Any other details:**.....

**Place:** ..... **Date:**..... **Signature:** .....

(Kindly send Rs.500 Cash/ DD, in the favour of "president, alumni association indira institute of pharmacy, sadavali" Payable at Devrukh, As a registration fee along with this form and Xerox copy of passing certificate, at college address or send it through email-alumni@iip.ind.in, please refer website to download the membership registration form.)

.....**Office Use Only**.....

Receipt number:..... Date:..... Signature of receiver: .....