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**Rajarshi Shahu College of Pharmacy, Buldana**  
(Approved by AICTE, PCI, New Delhi and affiliated to Sant Gadge Baba Amravati University, Amravati)

## ALUMNI ASSOCIATION MEMBERSHIP FORM

1. Full Name: \_\_\_\_\_
2. Degree obtained & Year: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
5. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
6. E-mail Address: \_\_\_\_\_
7. Contact phone number: \_\_\_\_\_
8. Higher Education (If any): \_\_\_\_\_
9. Current Designation: \_\_\_\_\_  
\_\_\_\_\_

Photograph

Place :

Date :

Signature of the Applicant

TO BE FILLED IN BY THE OFFICE

Membership No.: \_\_\_\_\_

Sign and Name  
(Alumni Association Incharge)