

It should be attached in Word or PDF format so that any body can send via college email id :-

mip_gondia@rediffmail.com

**ALUMNI REGISTRATION FORM
MANOHARBHAI PATEL INSTITUTE OF PHARMACY
(D. PHARM), KUDWA, GONDIA
REGISTRATION FORM**

Full Name _____

Date of Birth _____ / _____ / _____

Address _____

Residence _____

Office _____ Tel. No. _____

Fax/ Mobile _____ E- mail ID _____

Present Status _____

Academic Achievement :

S.N.	Examination	University/ Board	year of passing	Award
01]	D. Phram	_____	_____	_____
02]	B. Phram	_____	_____	_____
03]	M. pharm	_____	_____	_____
04]	Ph.d	_____	_____	_____
05]	Any other qualification	_____	_____	_____

Mention any award distinction number of publication, if teacher subject and number of students guided, if self employment

A) Name of Business : _____

B) Address of Establishment : _____

C) Yearly Turnover : _____

D) Number of Employees : _____

E) Future plan : _____

Professional Achievement : _____

If employed :

Name of Industry / Institution	Name of Job/ Designation	Period	Special Remark
_____	_____	_____	_____
_____	_____	_____	_____

Social Achievement:

Name of organization	Types of Service	Special if any
_____	_____	

Family Status :

If married (Please fill the following)

Name of the family member	Age	Qualification	Present Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name ,address & Batch year of the alumni whom you know:(please use separate sheet if required)

What do you think about almamater?
