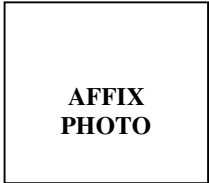




**VISVESWARAPURA INSTITUTE OF  
PHARMACEUTICAL SCIENCES**  
Approved by All India Council of Technical Education (AICTE)

22<sup>nd</sup> Main, 24<sup>th</sup> Cross, Opp BDA Complex, BSK 2<sup>nd</sup> Stage, Bangalore-70

**ALUMINI ASSOCIATION MEMBERSHIP FORM**



**AFFIX  
PHOTO**

Hon. Secretary,

No:

I hereby apply for the membership of The Alumini Association Of Visveswarapura Institute Of Pharmaceutical Sciences as indicated herein and the particulars are as given below.

Type of membership: (tick the appropriate)

Life member, Rs: 1000/-

Hon. Patrons, Rs: 5001/-

1. Name: .....

2. Qualification & Year of Passing: .....

3. Highest Qualification: .....

4. Present Designation and official Address: .....

.....Ph: .....

5. Mailing Address:.....

6. Permanent Address:.....

.....

.....

.....Ph: .....

.....Ph: .....

7. Date of Birth: ..... 8. Marital Status: ..... 9. Sex: .....

10. Special Interests: .....

11. Other Memberships: .....

12. Achievements: .....

The above stated information is true to the best of my knowledge. I understand that if the above is found to be false, my membership stands cancelled.

Date:

Place:

Signature

**FOR OFFICE USE**

Category of Membership: .....

Fees paid vide Bill No: ..... Date: .....

Membership No: ..... Remarks:.....

Signature

**NOTE: Filled Application should be sent it by post along with prescribed fees in the form of DD or Cheque.**