



KJ's Educational Institute Trinity College of Pharmacy, Pune.

(Approved by AICTE, DTE,PCI & Affiliated to MSBTE Mumbai & DBATU Lonere)

Address: S. No. 25 & 27, A/P. Pisoli, Bopdev Ghat Road, Next to Yevlewadi, Pune 411 048

Regd no: MAH/1636/2022/PUNE Dated: 14/10/2022 / PUNE

REGISTRATION FORM

Full Name:.....

Date:

Degree obtained from TCOP: B. Pharm ☐ D. Pharm ☐

Passing out year:

Birth Date:.....

Current Designation:

Current Employer and location:

Address for communication (preferably permanent address):
.....
.....

E Mail ID:

Contact No.:

Kindly register by sending back the form to trinitypharmacy2019@gmail.com

Date:

To,
The Secretary,
Alumni Association
Trinity College of Pharmacy
Pune-411 048

Sub: - Request to Enroll me as a member of Alumni

Dear Sir/Madam,

I understand that the Alumni Association of Trinity College of Pharmacy, Pune is working very effectively and providing a vibrant forum to promote interaction & networking among the Alumni of the Institute. It helps in exchange of information.

It also helps the alumni to achieve their professional goals by knowing employment avenues and by getting technical support.

Kindly enroll me as a member of the Alumni Association.

- a. I am remitting Rs./- by Cheque/Cash/DD as membership fees.
- b. I give my consent to deduct Rs./- as membership fees from my security money deposited at the time of admission.
- c. The membership fee has already been deposited. (Kindly attach copy of challan / Receipt as proof)

(Please tick one as the case may be)

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 Paid: Rs _____ cash ☐ cheque ☐ DD ☐ online transfer ☐

Registration number:

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Name and signature: