

**ALUMNI FORM**

**Laureate Institute of Pharmacy  
Kathog; Tehsil- Jawalaji, Distt. Kangra; H.P. 176031**

Please affix a  
passport size  
recent photograph

NAME.....

DATE OF BIRTH .....

QUALIFICATION .....

YEAR OF PASSING

NAME OF UNIVERSITY

B. PHARM. ....

M. PHARM. ....

CURRENT POSITION (if any)

.....

OFFICE ADDRESS.....

.....

PHONE NO. .... FAX NO. ....

RESIDENCIAL ADDRESS .....

.....

MOBILE NO. .... LANDLINE NO. ....

E MAIL .....

PERSONAL DETAILS / INTERESTS (optional)

.....

ANY OTHER INFORMATION

.....

.....

DATE: .....SIGNATURE OF THE ALUMNI.....

**MEMBERSHIP FEE**

MEMBERSHIP FEE IS **Rs 300** FOR LIFE TIME MEMBERSHIP

**FOR OFFICE USE**

Form received through: .....

Receipt No.: ..... Dated: ..... Alumni No.: .....

Signature of the official:.....