



LMCP ALUMNI

ASSOCIATION & RESEARCH SOCIETY

L. M. College of Pharmacy, Navrangpura, Ahmedabad - 380 009. India Phone : 26302746 Fax : 26304865

APPLICATION FOR MEMBERSHIP		For office use only	
		Membership No.	Date of Admission
Secretary, LMCP Alumni Association & Research Society, Approving of its objectives. I hereby apply for the membership of the LMCP Alumni Association & Research Society, as indicated herein and declare that on admission, I shall abide by the Rules and Regulation of the association. Date : Signature of the applicant		Receipt No.	
		Signature Hon. Gen. Secretary	
		Type of Membership Ordinary <input type="checkbox"/> Patron <input type="checkbox"/> Life <input type="checkbox"/> Donor <input type="checkbox"/>	
Full Name of Applicant (In Block Letters) Dr./Mr./Miss./Mrs. _____ Surname First Middle Degree/Diploma Attained _____ Year of Passing : _____		Affix Passport size Photograph	
Mailing Address _____ _____ _____ Pin : _____ E-mail Id : _____ Mobile : _____			
Applicants Present Classification <input type="checkbox"/> Retail Pharmacist <input type="checkbox"/> Hospital Pharmacist <input type="checkbox"/> Research Chemist <input type="checkbox"/> Research Development <input type="checkbox"/> Mfg. Pharmacist <input type="checkbox"/> Drug Control <input type="checkbox"/> Analyst <input type="checkbox"/> Manufacturer <input type="checkbox"/> Regd. Pharmacist <input type="checkbox"/> Teacher <input type="checkbox"/> Wholesaler <input type="checkbox"/> Others (Specify)			
Membership Fees			
Type		Membership Fee	
1. Ordinary Members		Rs. 300 per annum.	
2. Life Members		Rs. 3000	
3. Patrons		Rs. 15000	
4. Donors		Rs. 1,00,000 or more	
5. Associate			
Application & Remittance : This application duly filled out, together with necessary remittance should be mailed to : Secretary, LMCP Alumni Association & Research Society, L. M. College of Pharmacy, Navrangpura, Ahmedabad-380 009. India. Remittance by Cheque / DD Should be drawn in favor of LMCP Alumni Association & Research Society, Bank Draft should be drawn on any bank in Ahmedabad crossed A/c Payee. Money orders are not accepted.			
Amount figures & Words : _____			
Cheque/DD No. : _____ Date : _____ Bank : _____			
Checked By		Received By	