

ALUMNI FACESHEET
GOVT. OF N.C.T. OF DELHI

**DELHI INSTITUTE OF PHARMACEUTICAL SCIENCES AND RESEARCH (DIPSAR), PUSHP
VIHAR, SECTOR III, M.B. ROAD, NEW DELHI 110017**

NAME:

DATE OF BIRTH

QUALIFICATION

YEAR OF PASSING NAME OF UNIVERSITY

D. PHARM.

B. PHARM.

M. PHARM.

PhD

Please affix a
passport size
recent photograph

CURRENT POSITION
.....

OFFICE ADDRESS.....
.....

PHONE NO. FAX NO.

RESIDENCIAL ADDRESS

MOBILE NO. LANDLINE NO.

E MAIL

PERSONAL DETAILS / INTERESTS (optional): Wife (name) and children (name / age etc.)
.....

ANY OTHER INFORMATION
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.....

DATE: SIGNATURE OF THE ALUMNI.....

MEMBERSHIP FEE

Yearly membership:

Life membership:

Patron membership:

Cash / Cheque / Demand draft No.: Dated.....

Amount: Drawn on:.....

In favor of Dean, Alumni, DIPSAR, Delhi

FOR OFFICE USE

Form received through:

Receipt No.: Book No.: Dated:

Alumni No.: Signature of the official:.....