

## **B.K.M.G.P.C. Alumni Association & Research Society,**

C/o B.K. Mody Government Pharmacy College, Polytechnic Campus, Near Aji Dam,  
Bhavnagar Road, Rajkot- 360003

<b>Sr. No</b>	
<b>Full Name</b>	
<b>Year of passing</b>	
<b>Course</b>	<b>D.Pharm. / B.Pharm. / M.Pharm</b>
<b>Highest Qualification</b>	
<b>Address</b>	
<b>Contact No</b>	
<b>E.Mail Id.</b>	
<b>Current Designation</b>	
<b>Address of Organization</b>	
<b>Passing year</b>	
<b>Type of Membership</b>	<b>Life member / Associated Life Member / Student Member</b>
<p>To, The Secretary, B.K.M.G.P.C. Alumni Asso. &amp; Research Society, Rajkot.</p> <p>Sir,</p> <p>I hereby apply for the membership of the Society as indicated herein and declare that on admission, I shall abide the rule and regulation of the society.</p> <p>Date: _____ Signature _____</p>	