COLUMBIA

ALUMNI REGISTRATION FORM

1. **Name :** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. **Year of Passing :** ☐☐☐☐ 3. **Courses :** **D. Pharm/B. Pharm/ M. Pharm/Ph.D**

4. **DoB (DD/MM/YY):** ☐☐☐☐☐☐ 5. **Sex : Male** ☐ **/ Female** ☐

6. **Residential Address for Communication :** _____

_____

Current City : _____

7. **Official Address :**_____

_____

_____

8. **E-Mail ID :** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

9. **Mob. No. :** ☐☐☐☐☐☐☐☐☐☐☐

10. **Present Employment Details :**

Name of Organisation : _____

Designation :_____

Date of Employment : ☐☐☐☐☐☐☐☐ **Total Experience :** ☐☐ **Years** ☐☐ **Months**

☐☐☐☐☐☐☐☐

ANY Other Information: .....
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.....

Place: **Signature**

Date: