

SAGAR INSTITUTION OF RESEARCH, TECHNOLOGY & SCIENCE-PHARMACY, BHOPAL
NO DUES CERTIFICATE

Enrollment No..... Name:
 S/O, D/O..... Branch:.....has following dues/no dues against his/her name.
 Hosteller..... Yes/No. If yes, during.....

Department/Dipline	Dues Status	Signature Department/Discipline/Convenier
Library		
Branch/Department		
Hostel Warden		
Training & Placement Cell		
TG		
Account Officer		

Note: i) Alumni form filled & submitted Yes/No
 ii) Undertaking form for Placement filled & submitted Yes/No

Signature of Student

Registrar

ALUMNI REGISTRATION FORM

Batch:



Personal Details:

Name:..... Branch:..... Mob.

No.....

Address:.....

E-Mail ID.....

Professional Profile/Higher Studies:

Name of Organization:..... Designation:.....

Location:.....

Suggestion for further improvement of the Institute/ Department

UNDERTAKING

I,.....student of (B.Pharm/M.Pharm)..... Branch, Batch.....

Enrollment no..... hereby declare that I have fully understood the requirements and dictation of the company..... And I am only responsible for all the present and future decisions taken about the company, including financial commitment with the company.

I am participating in the campus after understanding all the terms and conditions of the company. I have taken the due consent from parents, that I will have no issues regarding relocation/ joining date / salary as offered to me by the organization

The college SIRT5-Pharmacy Bhopal will not be responsible for any transaction and complication arising out of my decision regarding my placement during open / closed campus hereby.

Date:

Place:

E-Mail ID:

Student Signature

GAR INSTITUTION OF RESEARCH, TECHNOLOGY & SCIENCE-PHARMACY, BHOPAL

ALUMNI REGISTRATION FORM

S.no	Content	B.Pharm/M.Pharm
1.	Passout Batch	
2.	Enrollement No.	
3.	First Name	
4.	Last Name	
5.	Father's Name	
6.	Contact no.	
7.	Email	

PERMANENT ADDRESS

S.no	Content	B.Pharm/M.Pharm
1.	House no.	
2.	Street / Mohalla	
3.	Land Mark If any	
4.	Tehsil/ District	
5.	City	
6.	State	
7.	Pincode	

CORRESPONDENCE ADDRESS

S.no	Content	B.Pharm/M.Pharm
1.	House no.	
2.	Street / Mohalla	
3.	Land Mark If any	
4.	Tehsil/ District	
5.	City	
6.	State	
7.	Pincode	

CURRENT STATUS

Employed / Higher Studies/ Preparation for Higher Studies or Competetive Exam / Enterpreneur/Others
Please mention below

1.	Current Organization	
2.	Current Location	
3.	Current Designation	

Date:

Student Signature