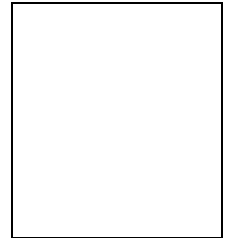




Association of Community Pharmacists of India

To

The President, Association of Community Pharmacists of India,
Manipal College of Pharmaceutical Science, Manipal 576104.



Dear Sir,

I wish to become a Life Member/ Annual Member of the Association of Community Pharmacists of India, I am furnishing the required particulars below, and request you to kindly enroll me in the Society. The fee (Rs 1000/Rs 250)* for Life Membership/Annual Membership is enclosed as a Demand Draft (No-----dt-----) of -----Bank), in the name of “President, Association of Community Pharmacists of India” payable at State Bank of India, Manipal. I am also enclosing a copy of my Curriculum Vitae and 1 passport size photograph

Full Name (In Block Letters):

Date of Birth:

Father’s/Husband’s Name:

Qualifications:

Name of University/Board/Year of Passing:

Phone No.:

Email ID:

Official Address (with Designation):

Permanent Address:

Yours sincerely,

Signature: _____

Place: _____

Date: _____

For Office Use only

DD. Number received:

Date of approval:

Type of Membership:

Membership No:

Signature of president:

Enclosed Demand Draft

Rs 1000 for Life Membership

Rs 250 for Annual Membership

Students are request to forward application through Principal