



**SHIVAI CHARITABLE TRUST'S COLLEGE OF PHARMACY**  
**KOREGAONWADI, TQ. OMERGA, DIST.OSMANABAD**

PHOTO

**Alumni Association Registration Form**

Phone No. 9405069619

Email id: [shivaicharitabletrust@gmail.com](mailto:shivaicharitabletrust@gmail.com)

**Full Name of The Student** : \_\_\_\_\_

**Course** : \_\_\_\_\_

**Academic Year in which appeared & : Appeared (Year):** \_\_\_\_\_ **Passed (Year):** \_\_\_\_\_  
**Passed out Final Year**

**Present Address** : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Permanent Address** : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact No.** : \_\_\_\_\_

\_\_\_\_\_

**Email Id** : \_\_\_\_\_

\_\_\_\_\_

**Date of Birth** : \_\_\_\_\_

\_\_\_\_\_

**Current Status** : \_\_\_\_\_

(Regarding educational, preferred

Industry, Govt. job preparation etc) \_\_\_\_\_

**Future Plans** : \_\_\_\_\_

(Regarding educational, preferred

Industry Govt. job preparation etc) \_\_\_\_\_

\_\_\_\_\_

**Special Note:** All the Alumni of SCTCOP are hereby informed that your SCTCOP Alumni group has been created.

**Date:**

**Signature of the Student**