

# KARNATAKA REGISTERED PHARMACISTS ASSOCIATION®

# 97, CH 51, 6<sup>th</sup> Main, 5<sup>th</sup> Cross, 1<sup>st</sup> Floor,  
Above Sri Krishna Bakery, Saraswatipuram  
MYSURU-570009



## REGISTRATION FORM

Registration No: MYS-S18-2016-17

**NOTE:** Please fill the details in **BLOCK** letters

<b>Applicant's Name</b>				Paste your recent passport size photo
<b>Father's Name</b>				
<b>Date of Birth</b>		<b>Sex -</b>		
<b>Blood Group</b>		<b>Nationality</b>		
<b>Qualification (Highest)</b>		<b>QP Reg. No.</b>		
<b>Professional Status</b>	Student -		Employee	
<b>If Student</b> (Institution & Department) <b>If Employee or Entrepreneur</b> (Company & Designation)				
<b>E-mail ID :</b>			<b>Contact No :</b>	
<b>Present Address :</b>			<b>Permanent Address :</b>	
<b>Reference (From KRPA Members only)</b>				
<b>Name</b>				
<b>KRPA Membership No.</b>				

I hereby solely apply for the membership of KRPA and undertake that on admission, I shall abide by the rules and regulations of the Karnataka Registered Pharmacists Association (KRPA).

Applicant's Signature:

### FOR OFFICE USE ONLY

Registration Fee:

Registration No:

Date of Admission:

Signature of Gen. Secretary

**DEAR APPLICANTS:** (1) Registration fees is 500/- for students and employees. (2) Please provide a photocopy of your ID card ( college if student / Company if employee ) and address proof along with two stamp size and passport size photos each at the time of registration. (3) Please keep us update of your e-mail ID and contact.