



## KERALA PHARMACY GRADUATES' ASSOCIATION

Reg.No. 329/85

GRA 589, Gowreeshapattom, Pattom P.O.

Thiruvananthapuram-695004

Email ID: keralappa@gmail.com; Website: www.kpga.in

Phone: 9745016772

Please affix  
your recent  
passport size  
photograph

### APPLICATION FOR MEMBERSHIP

To  
The Hon. General Secretary  
Kerala Pharmacy Graduates' Association

I hereby apply for the Life/Ordinary/Student membership of the Kerala Pharmacy Graduates' Association and declare that on admission, I shall abide by the rules and regulations of the Association.

Signature of the Applicant

(All details to be filled in block letters)

Name: (Mr./Ms./Mrs./Dr.)

Date of Birth (DD/MM/YYYY):

Aadhar No.

Blood Group

#### Qualifications

B Pharm  Year of Passing:

College attended:

University:

Pharm D  Year of Passing:

College attended:

University:

Additional Qualifications:

Other Qualifications:

Present mailing address:

District: \_\_\_\_\_ State: \_\_\_\_\_ Pin:

Permanent address:

District: \_\_\_\_\_ State: \_\_\_\_\_ Pin:

Email ID:

Phone number:

Mobile Number:

Present occupation: Community / Education / Hospital / Industry / Regulatory/Research

Designation :

Name of the Institution/Organization/Corporate :

Address of office and Phone No :

**Type of Membership:**

Life Member

Ordinary Member

Student Member

**Reference of two members of KPGA**

(Note: Please seek prior permission from the members)

<b>1.Member Name:</b>  KPGA Membership Number:	<b>2.Member Name:</b>  KPGA Membership Number:
--	--

**Details of remittance:**

<b>Mode of Payment:</b>  Cash <input type="checkbox"/> Cheque <input type="checkbox"/> NEFT/IMPS <input type="checkbox"/>	<b>(Payment through the mode of NEFT/IMPS shall be made to the following Account No.0552053000004740; IFSC Code: SIBL0000773; Bank: South Indian Bank)</b>
	<b>Total amount paid:</b> <input type="text"/>
	<b>Cheque No.</b> <input type="text"/> <b>Date:</b> <input type="text"/>
	<b>Transaction Ref. No.</b> <input type="text"/> <b>Date:</b> <input type="text"/>

**Applicant's signature and Date**

**For Office Use Only**

Membership No:

Date of Admission:

Signature of Secretary:

### **Instructions before filling the membership form**

1. All details should be filled in block letters only.
2. Paste a passport size photo at the box provided in the first page of this application
3. Strike out whichever is not applicable.
4. Payment can be made through any Nationalized Banks.
5. All remittance to the association should be made by crossed cheque (add Rs 25 for outstation cheque), or cash or through IMPS/NEFT.
6. Application can be sent either by email or registered post to the General Secretary in the following address:
  - (a) **Email: keralapga@gmail.com**
  - (b) **Postal Address: Kerala Pharmacy Graduates' Association, GRA 589, Gowreeshapattom, Pattom P.O., Thiruvananthapuram-695004, Kerala.**
7. Application form shall be enclosed with a copy of Degree /Pharm.D certificate and copy of Aadhar card along with membership fee remittance details. Attach scanned copies of these documents, if it is send by email.

### **Information regarding membership**

1. The Association consists of three main classes of members (i) Life members (ii) Ordinary Members (iii) Student members
2. Life membership/ordinary membership is open to a person having a degree in pharmacy or PharmD.
3. Student membership is open to a person who is studying for the final year in the degree courses in Pharmacy ( B.Pharm and Pharm.D) in any of the recognized colleges under any of the universities in Kerala.
4. Membership fee details:
  - Admission fee: Rs 50 for all the three class of members
  - Life membership: Rs 2000 in one or more installments in the same year.
  - Annual membership: Rs 200 for members.
  - Student Membership fee: Rs.100
7. Every member, student member or life member is entitled to (a) participate in the activities of the association and can make use of the facilities. (b) Receive all publications and journals brought out by the association.
8. A person is deemed to have admitted as a member only with effect from the date on which his application is approved by the association.