



KERALA PHARMACY GRADUATES' ASSOCIATION

Reg.No. 329/85

GRA 589, Gowreeshapattom, Pattom P.O.

Thiruvananthapuram-695004

Email ID: keralapga@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

Date

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

(All details to be filled in block letters)

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

Date of Birth (DD/MM/YYYY)

Blood Group

[P]

Qualifications

B Pharm Year of Passing College attended:

University:

M.Pharm

or

Pharm D Year of Passing College attended:

University:

M.Pharm Specialization:

Additional Qualifications (if any):

Permanent address:

Pin :

Address for correspondence :

(If different from above address)

Pin :

Email ID

Mobile No. + 9 1

Present occupation: Community / Education / Hospital / Industry / Regulatory/Research/Business [P]

Designation :

Name & address of the Institution/Organization :

Type of Membership: [P]

Life Member Student Member

Reference of two members of KPGA*

(Note: * This field is not mandatory)

1.Member Name:

KPGA Membership Number:

2.Member Name:

KPGA Membership Number:

Details of remittance:

Mode of Payment:

UPI

Cash

Cheque

NEFT/IMPS

(Payment through the mode of NEFT/IMPS/UPI shall be made to the following
Account No.0552053000004740; IFSC Code: SIBL0000773
Bank: South Indian Bank)

Total amount paid: ₹.

Cheque No.

Date:

Transaction Ref. No.

Date:

Applicant's signature with Date

For Office Use Only

Membership No :

Date of Admission :

Signature of Secretary :

Instructions before filling the membership form

1. Please fill the form in block letters only.
 2. Paste a passport size photo in the box provided in the first page of this application
 3. Strike out whichever is not applicable.
 4. All remittance to the association should be made by crossed cheque (add Rs 25 for outstation cheque), cash or through IMPS/NEFT/UPI like Google Pay.
 5. Application can be sent either by email to the General Secretary in the following Email ID:
keralapga@gmail.com
 6. Application form shall be attached with a copy of Degree certificate along with membership fee remittance details.
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Information regarding membership

1. The Association consists of two main classes of members (i) Life members (ii) Student Members
2. Life membership is open to a person having a degree in Pharmacy B.Pharm/ M.Pharm/PharmD.
3. Student membership is open to a person who is studying for the final year in the degree courses in Pharmacy (B.Pharm/M.Pharm/Pharm.D) in any of the recognized Colleges under the Universities in Kerala.
4. Membership fee details:
Life membership: ₹. 2050 in one or more installments in the same year.
Student Membership fee: ₹. 250 (Validity One Year only)
7. Every 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.