

Alumni Reg. Form
TATYASAHEB KORE COLLEGE OF PHARMACY
WARANANAGAR

* Required

Name * _____

in block letters (Surname name Middle name)

Year of passing * _____

Medical Name/Company Name and Company Address *

Mobile: * _____

Web Site * _____

Company or personal

Email ID * _____

Current Designation * _____

I will help TKCPD. *Yes ☐ No ☐

Visiting faculty

Guest faculty

Donation of Equipment

Contribution to Journals

Contribution to Poor Students Fund

Sponsorship of Events

Nurture Poor Students Carrier

Sponsorship of Scholarship

Organizing training to Students

Placement activities

Any other way you can help ?

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Any other way you can help ?