



Alwar Pharmacy College

North Extension, MIA, Alwar (Rajasthan) 301030

Phone No. 0144-5121027, 09001291029 | Fax No. 0144-2882370, 2703093

www.ietpharmacy.com | E-mail: principal.alwarpharmacy@gmail.com

7th September 2016

INSTRUCTIONS FOR ALUMNI TO RECEIVE THE DEGREE CERTIFICATE:

There is a list of alumni of Alwar Pharmacy College, who had completed B.Pharmacy course from **2008-2014** and the degree certificates were issued by Rajasthan University of Health Sciences, Jaipur and remains with us as on date after few alumni had already collected from the college. The **list has been now posted in the Website of Alwar Pharmacy College, www.ietpharmacy.com** and the applications are invited from those who are willing to collect their degree certificate on **24-09-2016**, during the **World Pharmacists' Day Celebration**, is solemnized at Alwar Pharmacy College, M.I.A North Extension, Alwar, Rajasthan from the Guests and VIPs attending the function.

The Instructions to be followed are:

1. The **photocopies of all mark sheets**, self attested should be submitted along **with an application form** mentioning **roll number, enrollment number, month and year of final examination passed**.
2. A self attested **copy of ID proof** (Driving License, Aadhar, PAN Card, Passport, and Voter ID) should be attached.
3. The awardees are required **to wear formal attire** during the ceremony.
4. A processing fee of Rs.300/- is to be submitted in the form of Demand Draft in favour of/ Electronic transfer (NEFT) to Punjab National Bank Account **"APC-CONVENTION" A/c. No. 6266002100001044**, IET College, MIA, Alwar Branch, **IFS Code: PUNB0626600**.
5. All the registration should be completed **on or before 22-09-2016**.

Waiting eagerly to meet you all aboard at APC on 24-9-2016 and inviting you to attend the awareness rally of all current APC students at Alwar by 4.00 p.m., after the function.

Principal, Alwar Pharmacy College.



Alwar Pharmacy College

North Extension, MIA, Alwar (Rajasthan) 301030

Phone No. 0144-5121027, 09001291029 | Fax No. 0144-2882370, 2703093

www.ietpharmacy.com | E-mail: principal.alwarpharmacy@gmail.com

Date: _____

APPLICATION FORM TO RECEIVE THE DEGREE CERTIFICATE

1. Name: _____
2. Father's Name: _____
3. Mother's Name: _____
4. Address: _____
5. Roll No.: _____
6. Enrollment No.: _____
7. Present Occupation: _____
8. Company/ Office Address: _____
9. Mobile Number(s): _____
10. E-mail ID: _____
11. Last Exam Passed: _____
12. Month & Year: _____
13. Photo ID enclosed: _____ No. _____
14. DD/ Payment Detail: _____

Please provide me the degree certificate and I have enclosed the copies of all the mark sheets and a photo ID as mentioned in point No.13.

Date:

Place:

(Signature of the Student)

Name: